



HCPSS Summer School Program Scholarship Request Form

Parent/Guardian Name _____ Date: _____

Student Information: List the names of all students for which you want tuition reduction to be considered

Name	Current School	Current Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Address _____

Home or Mobile Phone _____ Business Phone _____

Scholarship amounts are based in part on whether your child qualifies for Free or Reduced-price Meal services (FARMs). If you think you are eligible, but do not currently receive FARMs **complete the HCPSS Summer School Program Financial Information Sheet and initial here.** _____

In order to qualify for a scholarship, you must demonstrate that paying full tuition would cause a financial hardship. Please check the appropriate box(es) below and provide the financial documentation to support:

- Unemployment of a parent or guardian (termination letter from former employer, copy of unemployment assistance check)
- Pending foreclosure or eviction (notice from mortgage company or rental agent)
- Medical hardship (bill from medical provider showing insurance does not fully cover expenses)
- Student must complete course to graduate (letter from child’s guidance counselor)
- Homeless or currently in Temporary Housing (student in temporary housing form or letter from PPW)
- Other financial hardship (must provide documentation to prove hardship such as tax returns or pay stubs. This may not be used if a student qualifies for free and reduced meal services or has not applied for free and reduced meals but falls within the Federal Income Eligibility Guidelines. The Standard Tuition Reduction Amount applies.)

Number of members in household including working/non working and children: _____

Total gross (before tax & deductions) monthly income (includes job earnings, welfare, child support, alimony, pensions, social security &/or other monthly income) of all working members: \$_____

The school system does not provide full tuition reduction through its scholarships. All applications will be reviewed by the Summer Program Scholarship Committee.

By signing this form, you declare and affirm that all information you have provided on this form and all documentation you have provided in association with this application is truthful, accurate, and authentic. The provision of false information or falsification of documentation may result in immediate removal of your child from their Summer Program, forfeiture of any credits earned, and legal responsibility for payment of full tuition.

Signature of Adult Household Member _____

Reviewed by Tuition Specialist: _____