

For	Office	Use	Only
No:		_	

Spring 2017 Barron Park After-School Activities Financial Need-Based Scholarship Application

Scholarships are only for students **with financial need** who would not otherwise be able to participate. If your family is paying for an after school class by signing up directly with the provider, your family is not eligible to receive a scholarship. **Scholarship funds are limited**, so please help us prioritize scholarship grants based on financial need.

STEP 1: Fill out the Scholarship Class Registration Form.

The Scholarship Class Registration Form is available in the school office and on the school website. Scholarships are awarded only for ONE activity. However, applicants are encouraged to select a second activity choice in case the first choice cannot be accommodated.

- STEP 2: Fill out all requested information at the bottom of this Scholarship Application.
- STEP 3: Bring the Scholarship Application <u>and</u> Scholarship Class Registration Form to the School Office Monday March 20 through Friday March 24.

Scholarships generally are granted on a first come, first served basis.

THE DEADLINE IS FRIDAY MARCH 24 @ 3:00PM

• We encourage families to contribute towards Activity Fees when possible.

QUESTIONS? Lindsey Schroeder (lindseykschroeder@gmail.com).

Parent/Guardian Email:

Parent/Guardian Name:

• A notice will be sent home with students by <u>Friday</u>, <u>March 31</u>. It will state whether the student has received a scholarship, and if so, for which activity, and how to make any Activity Fee contribution. <u>Activity Fee contributions are not due until after classes start</u>.

PLEASE FILL OUT <u>ALL</u> REQUESTED INFORMATION:	
Name of Student: Grade: Teacher:	
Activity Choices: Class Choice #1:Class Choice #2:	_Activity Fee: \$ _Activity Fee: \$
Amount of Activity Fee family can contribute (check one): □ \$ 100 □ \$ 50 □ \$ 25 □ \$ 10 □ \$ 0	☐ Other \$

Parent/Guardian Phone #:

Parent/Guardian Signature:

Barron Park Elementary Scholarship After-School Class Registration (Scholarship Applicants ONLY)

Class Choice #1			
Class Choice #2	<u> </u>		
Student's Name:		Grade:	
Teacher:		Room Number:	
Parent/Guardian:	Email:		
Home Address:			
Primary phone:	Secondary pl	hone:	
		child if not parent/guardian:	
Name:	Phone:		
Late Pickup Fee: If you authorized person MUST be w	r child doesn't have perm aiting to pick them up imr ild, the school office is No	nave read and understand each one. dission to go home on their own; a parent or mediately at the end of class. Please remember if OT responsible or available afterschool and to \$50.	
and focus. They are not a form	of after-school care. If and s or detracts from other st	e to learn and require engagement, concentration in Afterschool vendor judges a student to cause tudents ability to maximize their learning, the tion.	
	n printed materials of web	ecasionally photograph or videotape for the purpose osite information. Please initial here:if you	
release PAUSD, PTA, City of	Palo Alto, Barron Park Elenary and all liability for in	nis program, I hereby indemnify and hold harmless a ementary Afterschool Vendors, its agents, its njury suffered by myself or my child arising from o juries.	
Parent S	Signature	Date	