



### Confidential Scholarship Application

The WSSRA Scholarship procedures are as follows:

1. Scholarships are for residents with disabilities only.
2. Scholarships are based on need and availability of funds.
3. Proof of income must accompany the scholarship form. Only two types of proof will be accepted: latest tax return or copy of the most recent paycheck.
4. Scholarships are usually awarded for a maximum of two programs per season.
5. The maximum scholarship award is usually 50% of the fee for each program.
6. The amount of the award may be less than 50% of the fee.
7. All balances are due by the registration deadline for the following season. Payment plans available call Bob to arrange a plan.
8. No scholarships are awarded for fees under \$20.
9. **Scholarships will not be considered if there is a past due balance.**

Name of Participant (s) \_\_\_\_\_

Birthdate(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Disability/Special Need \_\_\_\_\_

Female Head of Household  Yes  No  Married  Single

Caucasian  Hispanic  African American  Other specify \_\_\_\_\_

Number of Individuals living in the household \_\_\_\_\_ Number of Individuals living in the household who are employed \_\_\_\_\_

<b>Does anyone in your household receive income from any of the following? Check all that apply and specify amount.</b>			
<b>If this application is for an adult 22 or older, check and complete all that apply. If left blank, no scholarship will be considered.</b>			
____ Social Security.....	\$ _____/month	____ SSI/SSDI.....	\$ _____/month
____ Employment .....	\$ _____/month	____ Workman's Comp .....	\$ _____/month
____ Child Support.....	\$ _____/month	____ Unemployment Compensation	\$ _____/month
____ Foster Parent (DCFS).....	\$ _____/month	____ Pension.....	\$ _____/month
Total monthly income (Please total all of the above) \$ _____			

Does anyone in your household participant in the Free or Reduced Price School Lunch Program?  Yes  No

Do you regularly experience (or have you recently experienced) any unusual medical expenses?  Yes  No

Please give details \_\_\_\_\_

Are there any other unusual household expenses at this time? \_\_\_\_\_

**I have read and understand the Scholarship Policies. I understand that all information given is *not* a matter of public record and all information will be kept *confidential*. I will make WSSRA aware of any changes in our financial status. All of the information I have provided is accurate.**

**Signature of Applicant** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

This form is valid from January through December. Form must be completed annually.