

School Year

Orange County Public Schools

### ***Application for Extended Day Scholarship***

Submit one application for all elementary children in the family.

### **Scholarship Guidelines for Parents**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

Child/children lives with:  1 parent/guardian **or**  2 parents/guardians

1. All approved scholarships cover 50% of each child's weekly tuition. Parents are responsible for 50%.
2. Child must qualify for free or reduced lunch.
3. Both parents/single parent must be employed or full-time student. Verification signature from employer or school is required. Full-time students must attach a copy of their school schedule.
4. Child must be registered in Extended Day and the account must be current. Parents are responsible for registration fee and deposit.
5. Scholarships are terminated for nonpayment of tuition.
6. Scholarship may be terminated when a child is not regularly attending Extended Day.
7. Approved scholarships may continue for up to one school year.
8. A new scholarship application is required for each year. Parents may complete a new application during spring pre-registration.
9. Return completed scholarship application to the Extended Day coordinator.

#### **To be completed by each parent/guardian's employer or educational institution.**

I certify that \_\_\_\_\_ is employed OR a full-time student.

**Name of parent/guardian # 1**

\_\_\_\_\_  
Name of Work Site or Educational Institution

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of Employer OR School Designee

I certify that \_\_\_\_\_ is employed OR a full-time student.

**Name of parent/guardian # 2**

\_\_\_\_\_  
Name of Work Site or Educational Institution

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of Employer OR School Designee

#### **To be completed by Coordinator and Principal**

Date received \_\_\_\_\_ Lunch Status \_\_\_\_\_ Account Status \_\_\_\_\_

Scholarship Status:

\_\_\_\_\_  
Signature of Extended Day Coordinator

\_\_\_\_\_  
Signature of Principal

**I have read and understand the Scholarship Guidelines.**

\_\_\_\_\_  
Signature of parent/guardian # 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian # 2

\_\_\_\_\_  
Date