



# Candy Cane's Summer Scholarship Application Form

### LIMITATIONS

- Parents will be responsible for partial tuition costs.
- Number of scholarship subsidies awarded is dependent on availability of funds
- Priority given to children with the greatest need
- Families with at least one stay at home parent or work part time are only eligible for part time scholarship funds.

## FAMILY INFORMATION

Names and Ages of people in household: (please include grandparents and step parents)	
Name	Age

**Family Last Name** *(Use child's last name if different)* \_\_\_\_\_

Address \_\_\_\_\_ Valdosta, Georgia

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

EMAIL \_\_\_\_\_

Number of children in household ages 0-5? \_\_\_\_\_ Expectant Mother in Household?  Yes  No

### ADULT INFORMATION

Applicant Full Name \_\_\_\_\_

Gender \_\_\_\_\_ Birthday \_\_\_\_\_ H.S. Diploma Yes No

Are you a teen/minor parent?  Yes  No

Marital Status \_\_\_\_\_ Family Relation to Child \_\_\_\_\_

<b>Total Family Income in the last 12 months (Check ONE)</b>  _____ Less than \$10,000 _____ \$10,000 - \$20,000 _____ \$20,000 - \$30,000 _____ \$30,000 - \$40,000 _____ \$40,000 - \$50,000 _____ \$50,000 - \$75,000 _____ More than \$75,000	<b>Do you receive?</b>  _____ Child Support _____ Spousal Support _____ Food Stamps _____ Unemployment _____ Child Care Asst. _____ TANF _____ SSI	<b>Employment Status (Check ONE)</b>  _____ Unemployed _____ Stay at home parent _____ Employed Part Time _____ Employed Full Time _____ Seasonal Worker _____ Temporary Employment _____ Self Employed
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## CHILD INFORMATION

Applicant Full Name \_\_\_\_\_

Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Foster Child? Yes No

Child's Mother's Name \_\_\_\_\_

When my child goes to kindergarten, he/she will attend \_\_\_\_\_

Does your child have any kind of health insurance? \_\_\_\_\_

Has a doctor or other health professional ever told you your child was developmentally delayed? *A developmental delay will not affect the decision of this application* YES  NO

Has a doctor/other health professional ever told you your child has any of the following disabilities or special needs? (Check all that apply)

- A serious emotional disturbance
- A specific learning disability
- Autism or pervasive development disorder
- An orthopedic impairment
- Speech impairment
- Deafness or another hearing impairment
- Blindness or another visual impairment
- Health impairment lasting 6 months or more

Does your child have an IEP?  Yes  No

## PARENT RESPONSIBILITY

Parents/Guardians must participate in all Parent Meetings, School Programs, and agree to allow your child to participate in all activities scheduled for the year.

Parents must also ensure that their child **ALWAYS**:

- Has appropriate School Supplies (List will be provided)
- Adheres to School Uniform Dress Code
- Attends all School Functions and Activities
- Has a parent to support the efforts of the School Program

I/We do verify that the above information is accurate, and do hereby understand that any false/misleading information will disqualify me and my family from this scholarship as well as any future scholarships available.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_