Scholarship Request

Guadalupe-Parkway Neighborhood Centers, Inc.

**Staff Use Only:** (Circle One) Date of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parkway Center Guadalupe Center Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Summer Blast/After-School Program

**General Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name MI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Work Cell (Please Circle One)

Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address

**Employment:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business Supervisor Phone Number

If unemployed, please explain why and name your last employer:

**Family Information:**

Please list children you wish to enroll at the Centers.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | School | Grade | D.O.B. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

How many children are in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide your annual income (Including government assistance). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeking short-term or long-term assistance from the Centers? Please explain.

(If seeking a scholarship for Summer Blast Camp, please specify why.)

By signing this document you agree that everything above is true and we may ask for proof of income before awarding any scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name & Signature Date