



SCHOLARSHIP APPLICATION

Your scholarship application will be reviewed upon receipt by the Directors. Financial assistance is granted in the form of partial scholarships, contingent upon the availability of funds and the ability of the family to contribute to the school by volunteering. All scholarship recipients are required to complete a contract of volunteer work. Please fill out your application completely, and submit the following items with your application: (Records will be kept confidential.)

___ Copies of the two most recent pay stubs for any adults contributing to your household income.

___ Copies of assistance documents such as unemployment, social security, child support, etc. (if applicable).

___ You may elect to submit up to two references that would substantiate your need for a scholarship (e.g., doctor, principal, or other appropriate professionals).

Child's name(s) _____ Teacher(s) _____

Your name _____ School year _____

Date _____ Phone number _____ Email _____

Current program: (Please circle all that apply.)

Monday-Friday

M/W/F

T/TH

Full Day

Half Day

Precare

Aftercare

How long has your family been attending ISP? _____

What amount of scholarship are you seeking? _____

List of people residing in your home: (Please include ages of children.)

Please list the names, employers, job titles, work hours, and salary information of any adults contributing to your household income: _____

What special talents or resources in the form of volunteer work would you be willing to provide for the students at ISP? (e.g. Would you like to run a fundraiser? Can you provide any type of enrichment program? Other volunteer jobs you would like to take on such as making snack, shopping?)

Please describe any other special circumstances you may have that would allow us to better understand your need for a scholarship: _____

I hereby certify that all of the information in this application is true and accurate to best of my knowledge.

Parent/ Legal Guardian Signature