



Scholarship Application 2016/17

Please return to PS 133 PTA Room or *playlab133* mailbox in the main office no later than
January 21st, 2017

SCHOLARSHIP INFORMATION

playlab133 is dedicated to making its program available to as many students as possible. However, awards are limited and will be given based on need relative to the needs of other applicants and space available. To this end we request the completion of the information below so we can make a fair assessment of your family's financial need.

PRIVACY ASSURANCE

All financial information submitted will be kept secure and confidential. Assistance is only available for *playlab133* enrichment courses. Should you need a *playlab133 Care* slot in order to take the enrichment course then *playlab133 Care* will be included with the award.

APPLICANT/STUDENT INFORMATION

Name: _____ Homeroom teacher/class number: _____

A. PRIMARY PARENT/GUARDIAN INFORMATION

Name _____ Cell Phone _____

Address _____

City, State, Zip _____

E-Mail Address _____

Place of Employment _____ Work hours per week: _____

Occupation _____

Have you been unemployed in the last two years? Yes: _____ No: _____

If yes, please explain: _____

B. ADDITIONAL PARENT/GUARDIAN INFORMATION

Are you married to and/or live with the child's other parent? Yes: _____ No: _____

If YES you MUST complete this section with the additional parents' information.

Is there other parent able to contribute to the child's program fees? Yes: _____ No: _____

If not, please explain why: _____

Name _____ Cell Phone _____

Address _____

City, State, Zip _____

E-Mail Address _____

Place of Employment _____ Work hours per week? _____

Occupation _____

Has this parent been unemployed in the last two years? Yes: _____ No: _____

If so, please explain: _____

C. CLASS REQUEST

Some classes may not be available. Please list your child or children’s names and your top 3 choices in rank of priority for each child.

1. Child’s name: _____

CHOICE 1 _____

CHOICE 2 _____

CHOICE 3 _____

Will you need *playlab133 Care* in conjunction an awarded enrichment class? _____ Yes _____ No

2. Child’s name: _____

CHOICE 1 _____

CHOICE 2 _____

CHOICE 3 _____

Will you need *playlab133 Care* in conjunction an awarded enrichment class? _____ Yes _____ No

3. Child’s name: _____

CHOICE 1 _____

CHOICE 2 _____

CHOICE 3 _____

Will you need *playlab133 Care* in conjunction an awarded enrichment class? _____ Yes _____ No

D. FINANCIAL INFORMATION

If you are currently enrolled in the following programs, please check which ones and provide proof of enrollment:

- SOCIAL SECURITY
- TANF (Temporary Assistance for Needy Families)
- SNAP (Supplemental Nutrition Assistance Program)
- MEDICAID
- UNEMPLOYMENT

If you are not enrolled in any of the above programs, please provide any additional, relevant information, including unique circumstances:

APPLICANT/PARENT SIGNATURE _____ **DATE** _____

Printed Name: _____