



OFFICE OF COMMUNITY RESOURCE DEVELOPMENT

SCHOLARSHIP POLICY

Policy Statement:

It is the policy of the Office of Community Resource Development of the Framingham Public Schools to set fees at rates affordable to the majority of families and to offer financial assistance to those for whom the program fees are not affordable. Limited financial assistance is available to applicants based on their financial need.

Partial scholarships for programming operating during the academic school year are awarded through the Office of Community Resource Development. Receipt of scholarship award(s) in previous years does not determine eligibility for the current summer camp year.

Guidelines:

Each child is eligible for one scholarship. The Office of Community Resource Development will review all special circumstances requiring exceptions to the above stated policy.

Selection Process:

Based on a review of the application, the Office of Community Resource Development will determine financial assistance eligibility. Scholarships are granted on a first come first serve basis. Scholarships are limited.

Application

Please fill out the following form **COMPLETELY**. This form must be returned with your completed registration form (printed from the website and/or available from this office/schools) *along with your income verification copies*. If copies are not received, a meeting with the site coordinator is required. Return the completed form and copies of income verification to your school's Out-of-School Time Coordinator or email to the following address:

OSTinfo@framingham.k12.ma.us or kratcliffe@framingham.k12.ma.us

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SCHOLARSHIP APPLICATION

ONE FORM PER CHILD

1. How did you find out about our program?

Please Circle

- Word of Mouth Recommendation Brochure Poster
- Postcard Flyer Open House at School Website Social Media Email Summer Camp Fair
- Other _____

2. Child information

- Name _____
- School name: _____ Grade: _____

3. Parent or Legal Guardian information

- Name _____
- Preferred phone number: _____
- Email address: _____

4. Does your child qualify for the free lunch program at his or her school?

- Y or N

5. Weekly Income from ALL sources*:

- Earnings (Salary, Wages, Commissions, etc.) \$ _____
- Agency Subsidy (Welfare, Social Security, etc.) \$ _____
- Other (Alimony, Child Support, etc.) \$ _____
- **TOTAL** \$ _____
- Please list the total number of adults and children living on income represented
Adults ____ **Children** ____

6. Are there any special circumstances that you feel we should be aware of in determining financial assistance? _____

(Include additional information in an attachment or on the back of this form)

7. I certify that the above information is true.

Signature of Parent/Guardian: _____ Date: _____

SUBMIT COPIES OF INCOME VERIFICATION (W-2, PAYSTUB, VOUCHER, SSI, ETC.)

**This Information will be kept confidential and used only in determining financial eligibility.
If no copies are submitted, a meeting with the site coordinator is required.*