

KCC/KASEP Scholarship Application Form

Date _____

Child's Name _____ Age _____ Phone _____

Address _____ City _____ Zip _____

Child's School _____ Room # _____ Grade _____

Parent/Guardian's Name _____ Work # _____

Parent/Guardian's Name _____ Work # _____

Class Requested _____ Session: __ Fall __ Winter __ Spring

Parent/Guardian Signature _____

Brief explanation of why a scholarship is requested _____

For office use only:

Date application received _____

Scholarship request has been **APPROVED** _____ for _____ session

Child on scholarship waiting list for _____ session

Scholarship has been **REJECTED** _____

Price of class: \$ _____

Amount paid by Parent/Guardian: \$ _____

Amount paid by Scholarship Fund: \$ _____

Total \$ _____