

Contact Information

Child's Name:	Parent /Guardian's Name:
Age:	Street Address:
Gender:	City, State, Zip Code:
Date of Birth:	Daytime Phone:
School:	Evening or Cell Phone:
Grade:	Email address:

Family Household information

_____ Household size
 _____ Number of working adults
 _____ Not currently being served by an existing scholarship or fee waiver program

Scholarship Qualifications

Please submit the following documentation as proof of income from all working adults in the household.

___ If paid hourly-submit most recent tax return ___ Assistance-benefit letter(s)
 ___ If salaried-submit last full month's pay stubs ___ Reward from person(s) providing monthly living expense

Please explain any extenuating circumstances that support scholarship qualification:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my child is awarded a RodneyStreet scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal from RodneyStreet programs.

Name (printed): _____

Signature: _____ Date: _____

Our Policy

A non-returnable copy of official documents signifying that the child is receiving aid must be attached. If documentation is not available, the following section must be completed and signed by a school counselor or staff, case worker or other designated official.

I verify this applicant is receiving aid as specified above

Name of Official Verifying Aid: _____

Signature: _____

Position: _____ Phone: _____

Name of Aid or Service Program: _____

Case # (if applicable): _____