



Scholarship Application Form

Greenheck Turner Community Center strives to make our programs available to all who will benefit from them, regardless of the ability to pay. Scholarships are available to families who currently qualify to receive free or reduced school meals. All information is kept confidential.

Parent or Guardian 1: (Please Print Clearly)

Name: _____ Signature: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Intended Scholarship Recipients:

Name	School	Birth Date	Gender	Relationship

This scholarship applies to dependents which may include children, foster children, grandchildren, and other children for whom the adult is guardian, and the child is a dependent.

Each child must qualify for free or reduced meals at school to be eligible for a scholarship. A copy of your school lunch letters for the current school year can be obtained by contacting DCE School Nutrition at DCE-mealappl@dce.k12.wi.us if you did not retain the copies that were mailed to you.

This scholarship application is good for one academic school year (July 1-June 30) and *each child may receive up to three scholarships per school year* as long as funds remain available. Submit your completed Scholarship Application Form with the following attached:

1. Current school year School Lunch Program letter for each child you wish to receive a scholarship.
2. Payment for 50% of the registration fee for the program selected. All money owed is due prior to the program registration deadline.

All Scholarship Application Forms received without the above listed documentation attached will not be processed.

I certify that the information provided is true and complete. I grant permission to the Greenheck Turner Community Center investigate and verify the information provided. I agree to notify the Greenheck Turner Community Center of any change in status.