

# Central Kitsap School District

## 2009 Summer Academy

### Scholarship Application

Central Kitsap School District students who need financial assistance for Summer Academy classes may complete this scholarship application. Send completed applications, **by July 8, 2009**, to Central Kitsap School District, Attn: Summer Academy, P.O. Box 8, Silverdale, WA 98383, or deliver to the Curriculum Office at the Jenne-Wright Administration Building, 9210 Silverdale Way NW, Silverdale, WA.

Students who qualify for Free Lunch will receive a 70% scholarship toward the tuition of one class.

Students who qualify for Reduced Lunch will receive a 50% scholarship toward the tuition of one class.

NAME (PLEASE PRINT) _____		
ADDRESS _____	CITY _____	ZIP _____
HOME PHONE _____	OTHER PHONE: _____	
E-MAIL ADDRESS _____		
CURRENT SCHOOL _____	GRADE IN 2008-09 _____	
<b>CLASS FOR WHICH YOU WOULD LIKE TO REGISTER:</b>		
_____		

Do you, or a sibling, receive Free Lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you, or a sibling, receive Reduced Lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of sibling: \_\_\_\_\_ School: \_\_\_\_\_

Please complete the application information on the back of this page if you or a sibling **do not** receive Free or Reduced Lunch.

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#### THIS SECTION FOR OFFICE USE ONLY

Registration Date: \_\_\_\_\_

Class Fees: \_\_\_\_\_

Scholarship Amt: \_\_\_\_\_

Parent Balance: \_\_\_\_\_

List the names of **EVERYONE** living in your household, including adults and children. Write the amount of income (**MONEY BEFORE DEDUCTIONS**) each person now gets **PER MONTH** on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. If income is received other than monthly, use the income conversion chart provided below.

NAMES of Household Members			Gross MONTHLY Earnings (before deductions)		MONTHLY Welfare Payment, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
FIRST	MI	LAST	Job 1	Job 2			
1.							
2.							
3.							
4.							
5.							
6.							
7.							

MONTHLY INCOME CONVERSION: Weekly x 4.33; Every Two Weeks x 2.15; Twice a Month x 2

An adult household member must sign the application before it can be approved.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of state funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

PRINTED NAME OF ADULT HOUSEHOLD MEMBER	STREET ADDRESS	HOME PHONE
SIGNATURE OF ADULT HOUSEHOLD MEMBER	CITY AND ZIP CODE	WORK PHONE
<i>(Please sign here)</i>		

**SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

VERIFICATION

Total Household Monthly Income: \$ _____	Total Household Size: _____
APPLICATION APPROVED _____	APPLICATION DENIED _____ Reason: _____
Signature of Verifying Official _____ Date _____	
Charge Code: _____	