

## Kids Creative Summer Camp Scholarship Form

**This MUST be accompanied by the main application and your most recent tax return or W2**

**Student's Name:** \_\_\_\_\_

Does your child receive a scholarship for school? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

Does your child receive a reduced or free lunch? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Parent Guardian Information:**

*We must have information for all parents/guardians in order to process your request*

Parent Guardian #1: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Parent Guardian #2: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Length of employment: \_\_\_\_\_

**Household Information:**

Number of dependants: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

School/Employer \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

School/Employer \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

School/Employer \_\_\_\_\_

**Financial Information:**

Gross Annual Income 2009: \$ \_\_\_\_\_

Sources of Income: Employment \_\_ Public Assistance \_\_ SSI \_\_ Disability \_\_ Other \_\_

I am requesting a tuition reduction for the following reasons:

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Kids's Creative Summer Camp tuition is \$2,500 for 6 weeks and \$1,000 for 2 weeks. I believe I can afford: \$ \_\_\_\_\_

I certify that all information listed here is true and accurate to the best of my knowledge:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This scholarship request form must accompany the main camp application and cannot be reviewed without your most recent tax return or W2.**

FOR ALL SCHOLARSHIP APPLICANTS



32 Broadway, Ste 1801  
New York, NY 10004  
646 485 5123  
kidscreative.org

## Parent Consent to Participate in the Evaluation of the 21<sup>st</sup> Century Community Learning Center Programs

Dear Parent,

The Kids Creative Summer Program that your child attends is partially funded by the Federal 21<sup>st</sup> Century Community Learning Centers grant program. The federal government requires that we collect information on children to monitor their progress, as well as the progress of our program. Kids Creative is conducting an evaluation to learn how the program helps students and how it can be improved in order to meet the grant requirements.

We ask permission from parents to:

- Contact their children's school and obtain records from the NYC Department of Education showing their progress, including information about enrollment, grades, citywide and statewide test scores, and their attendance.
- Talk to teachers and after school program staff about children's progress and participation in the program and review program records on participation in the program.

Due to our grant funding requirements, **WE WILL NOT BE ABLE TO ALLOW YOUR CHILD TO PARTICIPATE UNLESS WE RECEIVE A SIGNED AND COMPLETED PERMISSION FORM FROM YOU.**

**Any information we collect will be used only to assess the summer program and will not be made public. Data will be collected on all children in the program and analyzed as a group, not by individual student. We will not use your name or your child's name in any report.**

Please complete and return the attached form below. We thank you for your cooperation and look forward to another productive and enjoyable fall with your child.

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I give Kids Creative permission to gather data regarding my child from the New York City Department of Education, for purposes of fulfilling its reporting requirements to the United States Department of Education. I also understand that all data will be analyzed by group and not by individual child; and all information about my child will remain strictly confidential.

Print Child's Name \_\_\_\_\_ School \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_