

SCHOLARSHIP APPLICATION

Note: Scholarships are awarded based on economic need as determined by the USDA reduced meal guidelines and other extenuating circumstances (e.g. medical bills.) Students/parents will be expected to make some contribution toward their fees.

Include with your registration for each of the programs below

- College for Kids
- Camp Imagination
- Girl Power Camp
- Wizarding Academy

1. Please complete all questions and fill in all blanks.
2. Call the Continuing Education Office if you have any questions about the scholarship procedure. 715-261-6294
DEADLINE: May 12, 2017

Parent(s) Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ (Daytime)

I/We are requesting scholarship funds for the following children:

Child's Name: _____ 2016-2017 School Grade _____

FOR OFFICE USE ONLY

How many adults are in the family? _____

What is the total number of dependent children? _____

Do you qualify for free school lunch? YES NO

Do you qualify for reduced school lunch? YES NO

If you answered NO to the above questions, describe the reasons you are requesting financial aid. List extenuating circumstances (such as job loss, large medical bills.) This will aid us in determining your financial need for a scholarship.

(add additional sheet if needed)

Your adjusted gross family income (from your 2016 Federal Tax form) \$ _____

Return this with your registration form to:
UWMC Continuing Education
625 Stewart Avenue – Wausau WI 54401

*Any requests after the deadline dates listed above will be honored based on money available.