

Solana Beach Child Development Center Enrichment Class Scholarship Application

Site: CC SH SKY SP SR SSF SV

Session: Fall Winter Spring
School Year: _____

Child #1	Child #2
Child's Name: _____	Child's Name: _____
Grade: _____ Room #: _____	Grade: _____ Room #: _____
1st Choice Class Request: _____	1st Choice Class Request: _____
2nd Choice Class Request: _____	2nd Choice Class Request: _____

Parent's Name: _____	Phone: _____
Address: _____	Email: _____
Name of Employer or School: _____	Phone: _____
Employer or School Address: _____	
Parent's Name: _____	Phone: _____
Address: _____	Email: _____
Name of Employer or School: _____	Phone: _____
Employer or School Address: _____	

Initial each of the following boxes to certify that you have read and understand the guidelines for a Solana Beach Child Development Center (SBCDC) enrichment class scholarship.

- I understand that to be eligible for an enrichment class scholarship I must meet the following criteria:
 - ◆ *Income eligible for the California Department of Education's Child and Adult Care Food Program (CACFP)*
 - ◆ *No outstanding balances with any SBCDC program*

- I understand that ALL information on this application is subject to verification.

- I understand that falsifying or omitting any information requested will disqualify the applicant from the scholarship eligibility process.

- I understand that any changes in the parent or guardian's employment or student status needs to be reported to the SBCDC Office. I understand that all applications will be considered in the order received, one scholarship per enrichment class will be granted upon the class meeting it's minimum number of students. This scholarship is only for one enrichment class per child, per session. I understand I must submit an application for each session to be considered for future class scholarships.

- I understand that scholarships are for the use of the **authorized** enrichment class only and does not include fees for late pick-ups, return checks, and other CDC activities or supplies.

- I understand children are only eligible to receive one SBCDC scholarship at a time and thus cannot receive both an enrichment class, child care, band, or academic club sholarship in the same school year.

- I have reviewed the eligibility requirements and have attached a copy of my family's Free and Reduced Price Lunch Program letter to the completed application and dropped off or mailed to the SBCDC Office, 309 N. Rios Ave., Solana Beach, CA 92075

- I understand that if my application is incomplete or if any attachments are missing, my application will be returned as incomplete. This may cause a delay in approval or possible ineligibility.

I certify that all of the information provided above is true and correct. I understand the SBCDC may verify any information provided on this application. I have read and understand the above policies and procedures. I further understand by signing below, that if my application is not approved I am liable for all charges accrued to date.

Signature of Parent/Legal Guardian

Date

Signature of SBCDC Representative

Date