



# Youth Programs Scholarship Application for 2017 Fiscal Year Programs -for youth entering grades 1-12

Return this form and financial information to:

UWL, Continuing Education, 205 Morris Hall, 1725 State Street, La Crosse, WI 54601  
or email it to: [conted@uwlax.edu](mailto:conted@uwlax.edu)

**Funds will be awarded on a first-come, first-served basis. Awards will be prorated as shown below. You must complete the scholarship application form and attach:**

- First page of your 2016 Federal Income Tax Form (child must be listed as exemption) or letter of explanation if one was not filed. This requirement may be waived if you provide a letter from child's school indicating the child received **\*free\*** meals at school. Once this is verified, you will be responsible for 15% of the tuition fee for one program, payable at time of registration, not including supply/equipment fees.
- Student's current grade report (must be in good academic standing)
- *Payment based on chart below, if using your Federal Income Tax form*

Incomplete applications will not be processed. Notification of scholarship decision and registration instructions will be sent out May 1, 2017. Scholarship application deadline for summer programs offered from June through August is May 31, 2017.

**Everyone is expected to pay at least 15%** (rounded to the nearest dollar) of the cost of the program they sign up for. Scholarships are good for one Continuing Education youth program per year only and does not include supply/equipment fees. ***Scholarships are not available for programs \$300 or more.***

Program Registering For: \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian #1 Name & Daytime Phone \_\_\_\_\_ (\_\_\_\_\_)

Parent/Guardian #2 Name & Daytime Phone \_\_\_\_\_ (\_\_\_\_\_)

School Name/Location \_\_\_\_\_

Custodial Parent's Social Security Number \_\_\_\_\_

Adjusted gross income for 2016 (Attach copy of the first page of 2016 Federal Tax Form) \_\_\_\_\_

Number of children living in your household \_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature of Parent/Guardian (typed name, accepted as signature)

\_\_\_\_\_  
Date

Adjusted Gross Income (from Federal Income Tax Form)	Number of Dependent Children Living in Household				
	1	2	3	4	5+
\$0-\$17,999	85%	85%	85%	85%	85%
\$18,000-\$23,999	85%	85%	85%	85%	85%
\$24,000-\$29,999	80%	80%	80%	80%	80%
\$30,000-\$34,999	65%	65%	80%	80%	80%
\$35,000-\$39,999	65%	65%	65%	65%	65%