CFK NEED-BASED SCHOLARSHIP APPLICATION
Eligible Students qualify for free or reduced school lunch and are entering K5-5th grade in the fall.

Additional Information. Please read and initial where necessary.

I understand that should my child be awarded a scholarship, they will be entitled to enroll in up to three classes during the same one week or two week period for the amount of $15 per class ________.

I understand that applications are accepted starting January 1 on a first come, first serve basis. Scholarships are not awarded until May 1st. (We will notify recipients only.) ________.

I understand that if I choose to enroll in a class at full price to secure a spot, my money will only be refunded if my child is awarded a scholarship. ________. If you choose to enroll on your own, contact registration at 414-227-3200. Please do not send cash, check or money orders. Payment will be required at the time of registration. Your child is not enrolled in the class until payment is received. If you are applying after March 1, please call our office or check online to see if we are still accepting applications.

PLEASE FILL OUT THE BOTTOM OF THIS FORM COMPLETELY AND RETURN TO:
College for Kids, UWM – School of Continuing Education
University Center for Continuing Education Or fax to: (414) 227-3168
161 W. Wisconsin Avenue, Suite 6000
Milwaukee, WI 53203

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APPLICATION FORM
(Please print)

Student’s Name ________________________________________________ Current Grade ________________
Parent’s Name ______________________________________ Parent’s Email ______________________________________
Address ____________________________________________________________
City __________________________ State __________ Zip _____________
Phone: Day __________________________ Evening __________________________

I wish to have my child considered for a College for Kids Need-Based Scholarship.

Parent/Guardian Signature __________________________________________ Date __________________________

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FINANCIAL NEED FORM: (please print)

I verify that ___________________________ is eligible for the reduced-fee meal program at our school.

(Student’s name)

________________________________________ Date __________________________

(Principal’s Signature)

School ___________________________ School Office Phone __________________________

THIS FORM MAY BE DUPLICATED