

# EVERYDAY MAGIC SCHOLARSHIP APPLICATION

We offer temporary scholarships to families in financial need, medical emergencies and to help children through divorce or crisis situations. We give priority to families new to the community to help them settle in their first year at Lakeshore as this is a critical period of adjustment. It is especially important that all scholarship families meet the volunteer responsibilities or their scholarship will be revoked. We hope to be of service to your family in your time of need. The scholarship slots are filled on a need and first come combination basis to those who have completed forms by the deadline. You are always welcome to reapply as the openings may change

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Parent(s) or Legal Guardian(s) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Does your child qualify for the free lunch program at his/her school? Yes No (circle one)

Monthly Income from ALL sources:	Gross	Net
Earnings (Salary, Wages, Commissions, etc.)	_____	_____
Agency Subsidy (Welfare, Social Security, etc.)	_____	_____
Other (Alimony, Child Support, etc.)	_____	_____

Please list the total number of adults and children living on income represented here: \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

**COPY OF INCOME VERIFICATION** (copy of last federal form 1040 filed)  
(This information will be kept confidential and used only in determining financial eligibility).

In order to make more scholarships available, we ask you to consider a partial scholarship (please circle below)

I request a 25% scholarship I request a 50% scholarship I request a 75% scholarship

Session requested: (during school year) (summer camp)	Morning _____	Afternoon _____
	Camp _____	Date _____
	Camp _____	Date _____

Do you need extended care (for summer camp only)? \_\_\_\_\_

Are there any special circumstances that you feel we should be aware of in determining financial assistance?

## Payment (Each scholarship requires you pay a \$30 registration fee)

I certify that the above information is true and authorize Everyday Magic, Inc. to verify all information on this form. I am aware of the volunteer hours required (see contract) and agree to serve them.

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