

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. Children on scholarship must attend everyday unless the absence is due to illness. **Use of other programs on a part-time basis will be cause for termination of scholarship from EMI.**

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)
 Have you applied for subsidy with an agency such as Children's Council, Wu Yee, etc.? Yes No (circle one)

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

In cases of a single parent with no additional support, have you pursued legal avenues for child support? Yes___ No___ Explain:

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 for BOTH parents)
 (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

FOR SUMMER ONLY:

School Year Session requested: Morning _____ Afternoon _____

Summer: Camp _____ Date _____

Camp _____ Date _____ Camp _____ Date _____

Camp _____ Date _____ Camp _____ Date _____

Do you need extended care)? _____

Please let us know, on the back, of any special circumstances that you feel we should be aware of in determining financial assistance?

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 _____

Payment (each scholarship requires you pay a \$30 application fee)
REMINDER: Scholarships will not be considered until all paperwork is received including registration forms, scholarship application, application fee and tax form.