

SMARTS PROGRAM SCHOLARSHIP APPLICATION 2019-2020

The Scholarship Application must be submitted with a completed registration form.
(register and complete forms online www.smartscollab.org)

Return this form and all requested documents to:
SMARTS Scholarship Committee, PO Box 356, Attleboro, MA 02703

Information about the SMARTS Summer Institute Fee Reduction Scholarship Program

This program is based solely on financial need. Please apply with discretion. The SMARTS Summer Institute is committed to creating greater access for more families. The scholarship program aims to reduce the fee, while requesting that the family pay for the remainder of the tuition. Through this program, we are able to share the resources throughout the communities that we serve. Questions regarding scholarships and enrollment should be directed to SMARTS staff at 508-222-8484/info@smartscollab.org.

For summer applicants only:

Information cannot be processed until ALL documents have been received.

1.) Program registration & fee 2.) Scholarship application 3.) Verification of income document/s

\$30 registration fee MUST be paid before information can be processed. Summer applications must include at least one form of verification of income. Current year's federal tax return (form 1040 pg 1&2, 1040EZ) is best.

Child's Name: _____ Grade: _____ Age: _____

CIRCLE YOUR PROGRAM: After-School Club February Vacation Programs Summer Institute

Number of adults in household: _____ Number of children in household: _____

Parent 1/Guardian 1 Name: _____ Phone: _____

Address: _____ City/State _____ Zip _____

Parent 2/Guardian 2 Name: _____ Phone: _____

Address: _____ City/State _____ Zip _____

Please itemize your gross household income. Documentation may be requested.

Select yearly household income: \$0-\$15,000
 \$16,000-\$25,000
 \$26,000-\$50,000
 \$51,000+

	Parent 1 Income	Parent 2 Income
Salary, wages, and tips	\$ _____	_____
Unemployment Compensation	\$ _____	_____
Child Support	\$ _____	_____
Government Assistance	\$ _____	_____

Please list any additional income: _____

How much do you think you can afford to pay? _____

Please explain IN DETAIL why you are requesting financial aid:

I understand that SMARTS scholarships are based on need and all information on this form and subsequent documents is accurate.

Signature of parent/guardian_____

Office Use Only: Applicant # _____ Date Rec. _____