



**CONFIDENTIAL**

**SCOPE EDUCATION SERVICES  
STUDENT SERVICES SCHOLARSHIP APPLICATION**

Requested effective start date and school year: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Telephone: (\_\_\_\_) \_\_\_\_\_ Program Site: \_\_\_\_\_

Program (Circle One): A.M. Child Care    P.M. Child Care    Day Care    Pre-K

Is your child currently enrolled in the program you are requesting this scholarship? \_\_\_\_\_

If "YES" please provide your child's SCOPE Student ID # \_\_\_\_\_

Are you reapplying for a SCOPE Scholarship? \_\_\_\_\_ If "Yes" please provide the total scholarship awarded \$ \_\_\_\_\_ and the scholarship effective date \_\_\_\_/\_\_\_\_/\_\_\_\_.

Have you applied for funding through the Department of Social Services? Yes \_\_\_\_\_ No \_\_\_\_\_

**(This is requirement before you can be considered for a scholarship.)**

If "YES" provide your current status, caseworker and attached supporting documentation:

**If "NO" contact (631) 854-3349 (Suffolk) or (516) 227-7976 (Nassau) to be pre-screened for subsidies.**

Have you applied for the school's Free Lunch or Reduced Lunch Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**(This is a scholarship requirement that may entitle you to a SCOPE tuition reduction.)**

Have you been approved for free or reduced lunch? \_\_\_\_\_ If "YES" please attach approval documentation to become eligible for a tuition reduction. **If "NO" contact your child's school to apply.**

Amount of Scholarship Request (Circle One):    100%    75%    50%    25%

Attach a brief written explanation of the need for a SCOPE Scholarship. All information will remain confidential. Scholarships are limited and will be awarded based on an as-needed basis for children enrolled in a SCOPE Student Service Program. Mail completed application and required letter to::

SCOPE Education Services  
100 Lawrence Ave., Smithtown, NY 11787  
Attn: SCOPE Director for Student Services

(Completed form and letter may also be faxed to 631-360-0356)

My signature below verifies this information to be true and accurate.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE (To be completed by SCOPE Administration)**

Application:    \_\_\_\_Approved    \_\_\_\_Denied    Amount \$ \_\_\_\_\_

\_\_\_\_\_  
(Director for Student Services Signature)

\_\_\_\_\_  
(Date)