



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 Phone: (____) _____ District: _____ Program Site: _____

Program (Circle): AM Child Care PM Child Care Day Care Pre-K
If AM OR PM Child Care, please circle: Part Time Full Time

Current SCOPE Monthly Tuition: \$ _____

Is your child currently enrolled in the SCOPE program you are requesting this scholarship? _____

If "YES", please provide your child's SCOPE Student Account # _____

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 _____

***If "No" you are required to be pre-screened for child care funding through the Department of Social Services before you can be considered for a SCOPE scholarship. Contact the Department of Social Services @ (631) 854-3349 (Suffolk County) or (516) 227-7976 (Nassau County).**

If you have applied for funding through the Department of Social Services, provide your current status, caseworker and attach supporting documentation:

Do you own or rent your home? ___Rent ___Own

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

If "No" you are required to apply to the Free/Reduced Lunch Program before you can be considered for a SCOPE scholarship. To apply for the Free/Reduced Lunch Program, please contact your child's home school to obtain the required form.

Have you been approved for free or reduced lunch? _____ If "YES" please attach approval documentation to become eligible for a SCOPE tuition reduction.

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

A brief written explanation of the need for a SCOPE Scholarship **must be submitted with this application.** 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 with required letter to:

SCOPE Education Services, 100 Lawrence Ave., Smithtown, NY 11787
Attention: SCOPE Director for Student Services
Completed form and letter may also be faxed to (631) 881-9672

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)

Form #86