



Tuition Assistance: Summer Programs

The Wisconsin Youth Company Scholarship Fund is limited and intended to provide short-term assistance to families experiencing financial difficulties paying for summer care programs.

Wisconsin Youth Company may be able to provide tuition assistance for summer programs to families who qualify for free or reduced meals in the public schools or the equivalent in private schools. Applicants must first apply for assistance to their local county and/or City Human Service agencies. Qualifying families may apply for Wisconsin Youth Company's summer program tuition assistance.

Day Camp

If a child is eligible for **free** meals, the family may qualify for a 50% scholarship toward day camp fees. If a child is eligible for **reduced** meals, a family may qualify for a 25% scholarship toward day camp fees. Late pick-up, billing and registration fees are not covered by the scholarship fund.

If the applicant qualifies, and there are sufficient funds available, the applicant will be notified as soon as the application process is completed. Subject to qualification, scholarship funds are distributed on a first-come, first-serve basis.

Completed eligibility and signature from the school or district administration is required before submitting application.

The completed application and signed eligibility statement should be returned to:

Dane County:
Wisconsin Youth Company
Attn: Summer Program Tuition Assistance
1201 McKenna Blvd.
Madison, WI 53719

Waukesha County:
Wisconsin Youth Company
Attn: Summer Program Tuition Assistance
1800 Dolphin Drive Suite 200
Waukesha, WI 53186

If you have any questions regarding this application please contact the administrative office:
Dane County 608-276-9782 ext. 0
Waukesha County 262-547-8770 ext. 0





Reduced/Free Meals Eligibility Statement

I, _____, request verification of
parent's full name – please print

_____ 's current eligibility for the
student's full name – please print

free reduced meals program through his/her school child does not attend public school

School student attends _____

I hereby authorize the _____ School District to release this information to Wisconsin Youth Company. This authorization is valid for only one year from the date signed (see below).

 _____
Parent/Guardian Signature Date

This part must be completed by a representative at your student's school.

For school representative use only:

Date ____ / ____ / 20____

The student named above:

is eligible for reduced meals
 is eligible for free meals

 _____
School stamp or signature & title of school representative

Printed name of representative

Office Only: Approved _____ Date _____ Amt. of funding _____ Date received _____