



Tuition Assistance: School Year Programs

The Wisconsin Youth Company (WYC) Scholarship Fund is limited and intended to provide short-term assistance to families experiencing financial difficulties paying for before and after school programs.

To begin the application process for the WYC Scholarship Fund, you must first provide verification of free or reduced meals through your child's school or the equivalent in private schools. If you qualify for free or reduced meals, you must apply for county assistance. (Residents of Madison who do not qualify for county funding must apply for city assistance.) The eligibility determination from these funding sources is a factor in determining if a family qualifies for WYC scholarship assistance. Additional circumstances will be considered for assistance.

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.

Generally, if a child is eligible for **free** meals, the family may qualify for up to 50% scholarship toward program fees. If a child is eligible for **reduced** meals, the family may qualify for up to 25% scholarship toward program fees. Late pick-up, early arrival, billing and optional fees are not covered by the scholarship fund.

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: School Year Program Tuition Assistance
1201 McKenna Boulevard
Madison, WI 53719

Waukesha County:
Wisconsin Youth Company
Attn: School Year 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





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Date _____

Participant's name _____ Date of birth _____

Parent/Guardian's name _____

Address _____

City/State _____ Zip _____

Daytime phone # _____

School child attends _____ Grade in fall _____

1. School year program location: Same as school attending Other: _____

2. Schedule of program requested: Before school M T W TH F
 After school M T W TH F

4. Documentation of eligibility. The attached statement affirms my child's current eligibility for:
 reduced meals free meals
 my child does not attend public school. (You will be contacted for additional income verification and household information.)


5. Applying status:
 I have contacted city or county day care assistance programs (please attach documentation).

6. Does your family use TEP (Transitional Education Program) or any similar services? Yes No If yes, please provide documentation.

7. Does your child or family have a situation that you would like us to consider? Yes No
If yes, please explain:

8. I would like it taken into consideration that I feel I can afford to pay \$_____ toward the cost of the weekly fees.

I certify that this information is correct and complete to the best of my knowledge.

 _____
Parent/Guardian Signature _____ Date _____

