



Scholarship Fund: 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 scholarships 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 summer program scholarship.

Day Camp

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

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 funding is distributed on a first-come, first-serve basis.

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

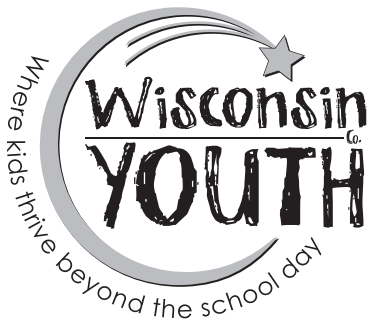
The completed application and signed eligibility statement should be returned to:

Dane County:
Wisconsin Youth Company
Attn: Registration Specialist
1201 McKenna Blvd.
Madison, WI 53719

Waukesha County:
Wisconsin Youth Company
Attn: Registration Specialist
1130 James Drive Suite 103
Hartland, WI 53029

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





Scholarship Fund Application Summer Programs

The scholarship fund available through the Wisconsin Youth Company is limited and intended to provide **short-term** assistance to families experiencing financial difficulties paying for summer care programs.

Date _____

Participant's name _____ Date of birth _____

Parent/Guardian's name _____

Address _____

City/State _____ Zip _____

Daytime phone # _____

School child attends _____ Grade in fall _____

1. Summer camp program: _____

2. Dates of scholarship requested: _____

3. Documentation of eligibility. The attached statement affirms my child's current eligibility for:

- reduced meals free meals child does not attend public school

4. Applying status:

I have contacted city or county day care assistance programs (documentation must be included with this request).

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

6. Does your child or family have a situation that you would like us to consider? Yes No

If yes, please explain:

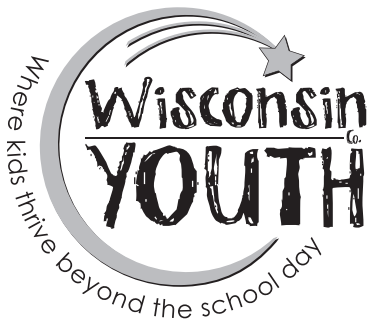
I certify that this information is correct and complete to the best of my knowledge.



Parent/Guardian Signature _____

Date _____

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



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 the 2018 summer semester.

 _____
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 _____