



Scholarship Fund: School Year Programs

Wisconsin Youth Company believes every child deserves the opportunity to thrive beyond the school day. Scholarship funds are awarded as available to eligible families for before and after school programs. Families with financial need are eligible to apply.

Families who are eligible for any form of public assistance are asked to submit documentation along with the scholarship form. Documentation is not required although it will assist in the determination of the amount to be awarded.

Families who do not qualify for public assistance and still have financial need are asked to provide information about their specific circumstances to assist in the determination process. Families may be asked to apply for third party funding in order to supplement the amount of scholarship funds they receive.

It is recommended families begin this process as early as possible to avoid delays during high volume application periods.

Completed documentation may be emailed to info@wisconsinyouthcompany.org or mailed to:

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

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

Our goal is supporting families in accessing quality and affordable child care programs for their child. Please contact our administrative office with any questions regarding this application or process.

Dane County: 608-276-9782 ext. 0

Waukesha County: 262-547-8770 ext. 0





Scholarship Fund Application School Year Programs

Complete this application and submit with required documentation.

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
 4K wrap M T W TH F
 After school M T W TH F

3. Indicate other assistance applied for (include documentation of eligibility status):
 Free/reduced school meals Wisconsin Shares City of Madison CCTAP- UW Madison
 TEP (Transitional Education Program) Other: _____

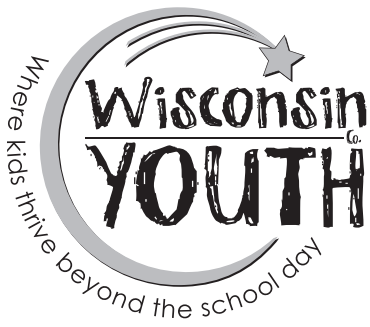
4. Does your child or family have a situation that you would like us to consider? Yes No
If yes, please explain:

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



Parent/Guardian Signature _____


Date _____



Reduced/Free Meals Eligibility Statement

Parent/Guardian Full Name - please print Student Full Name - please print School Attending

I hereby authorize the _____ School District to release my family's eligibility for free or reduced meal program information to Wisconsin Youth Company. This authorization is valid for the 2019-2020 school year.

 _____
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 _____