



### Scholarship Fund: 2020 Summer 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 summer day camp 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](mailto: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 Summer Day Camp 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. Day camp program location: \_\_\_\_\_

2. Schedule of program requested:  June 15-19     July 6-10     July 27-31     August 17-21  
 June 22-26     July 13-17     August 3-7  
 June 29-July 2     July 20-24     August 10-14

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

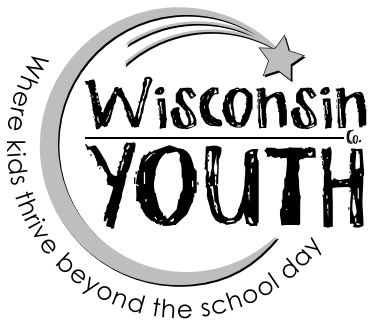
If yes, please explain:

**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 summer 2020.

 \_\_\_\_\_  
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 _____
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