



2016-17 Scholarship Application

Student Name(s): _____

School child(ren) will be attending: _____

Parent/Guardian Name(s): _____

Phone Number: _____ E-mail: _____

List Persons Residing in Your Household (Total Number: _____)	

Monthly Income (Before Taxes): \$ _____

***Must include 2015 IRS 1040 tax form. Please cover Social Security number.**

SIGNATURE

DATE

Please submit Scholarship Application to:

Carmel Clay Parks & Recreation
ATTN: Linda Acosta
1235 Central Park Drive East
Carmel, IN 46032

OR Fax to:

317.573.5254 (ATTN: Linda Acosta)

SCHOLARSHIP APPLICATIONS WILL BE REVIEWED WITHIN TWO (2) BUSINESS DAYS UPON RECEIVING THE APPLICATION. APPLICANTS WILL BE CONTACTED BY PHONE AND E-MAIL. IF APPROVED FOR AN ESE SCHOLARSHIP (25%, 50%, 75% OR 100%), A \$40.00 REGISTRATION FEE WILL BE REQUIRED PER STUDENT.

2016-17 ESE Scholarships DO NOT Apply to 2017 Summer Camp Series.

Office Use Only	
Date Received ____/____/____	Date Reviewed & Applicant Contacted: ____/____/____
Qualify: ____ Yes ____ No	____ 25% ____ 50% ____ 75% ____ 100%
Scholarship Number: _____	

