Viewlands Elementary Scholarship Request Form

Name: __________________________________

Grade: _______  Teacher/ Room number: ______________________________

 Desired Enrichment Class: ______________________________

Parent/ Guardian Name: __________________________

Telephone number: ______________________________  Email: _________________________

Preferred method of contact: □ phone  □ email  □ other: _______________________

1. Do you have any siblings at Viewlands? □ Yes □ No
   Include their name and grade:

2. Have you received a scholarship for an after-school activity at Viewlands before? □ Yes □ No
   Include name of activity and year.

3. Financial Assistance required:
   □ 100% of fee  □ 50% of fee  □ I can contribute $ ______ towards the fee.

4. Include any other information that you feel is relevant.

My family has significant financial need and I could not participate in the after-school enrichment activities without assistance. I agree that I will attend activities regularly and understand that the school cannot provide transportation after the activity.

Student Name: ______________________________

Signature: ______________________________  Date: _________________________

Please complete and return to the PTSA box in the office!