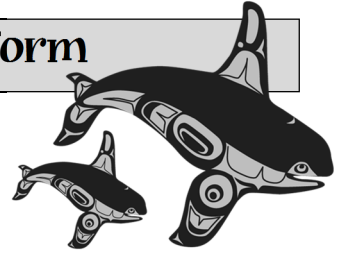


Viewlands Elementary Scholarship Request Form



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!