

FIELD WORK SCHOLARSHIP APPLICATION

Student Name	Grade	Parent/Legal Guardian Name
Student Name	Grade	Phone Number
Student Name	Grade	Email
My family currently qualifi	es for:	
Free Lunch (25% Pai	d by Parent/75% Pai	d by School)
Reduced Lunch (50%	6 Paid by Parent/50%	S Paid by School)
Requirements for eligibilit	y are as follows (pleas	se initial each statement and sign below):
I understand that I am responsible for	•	rill only pay for <u>part</u> of my child(ren)'s field trip cost and of each trips' cost.
I understand participating in a field trip	· ·	payment for field work is due PRIOR to my child
I understand the responsible for all costs a		olarship amount is \$50 per student, per year and I am
Parent Signature		Date
Director Signature		 Date