

Summer 2021 UWM College for Kids NEED-BASED SCHOLARSHIP APPLICATION

Students who are entering K5-12 grades in the fall and are **eligible to qualify for free or reduced school lunch. Parents please be advised that students who are not five years old by June 14, 2021 are not eligible for this scholarship.**

Due to funding cycle deadlines UWM College for Kids and Teens will not be awarding official scholarships to students until March 1, 2021. All scholarship funds will be awarded from March 1, 2021 until funding is fully utilized through summer 2021 programming dates. (June 14-August 13, 2021)

Additional Information. Please read and initial all sections below.

I understand that should my child be awarded a scholarship, he/she will be entitled to enroll in **up to three (3) classes during the same one-week period** for the amount of \$15 per class _____.

I understand that as funding is available scholarships will be awarded January 2- May 29, 2021. I also understand that I will be notified of this award by email, and I have a specified time line to accept this scholarship and pay the balance. If I do not pay the balance by the indicated time line the scholarship will be awarded to another student. _____.

I understand that if I choose to enroll in a class at full price to secure a spot, my money will only be refunded if my child is awarded a scholarship. _____. If you choose to enroll on your own, contact registration at 414-227-3200. **Please do not send cash, check or money orders. Payment will be required at the time of registration.** Your child is not enrolled in the class until payment is received. **If you are applying after March 2, 2021, please call our office or check online to see if we are still accepting applications.**

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO:

UWM School of Continuing Education
College for Kids & Teens
161 W. Wisconsin Ave., Suite 6000
Milwaukee, WI 53203

Or scan and email to: cfkids@uwm.edu

APPLICATION FORM

Please print legibly. Be sure to fill out all sections on this applications or it will not be valid.

Student's Name: _____ Grade next Fall: _____

Student Birthday: D/M/Y _____ Parent's/ Guardian Name: _____

Parent/Guardian Primary email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/ Guardian Primary phone number: _____ Secondary phone number: _____

I wish to have my child considered for a College for Kids Need-Based Scholarship.

Parent/Guardian Signature _____ Date _____

Child's Race/Ethnicity (Voluntary information collected to enhance UW-Milwaukee programming.)

01 Black (not of Hispanic origin) 02 Asian/Pacific Islander 03 American Indian/Alaskan Native

04 Hispanic 05 White (not of Hispanic origin)

FINANCIAL NEED FORM

Please print legibly. Be sure to fill out all sections on this applications or it will not be valid.

I verify that _____ is eligible for the reduced-fee meal program at our school.
(Student's name)

(Principal's Signature) Date _____

School _____ School Office Phone _____

THIS FORM MAY BE DUPLICATED