

# **2022 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 13, 2022, are not eligible for this scholarship.**

## **Additional Information. Please read and initial section below.**

I understand that as funding is available scholarships will be awarded **January 2- May 29, 2022**. I also understand that I will be notified of this award by email, and I have a specified timeline to accept this scholarship and pay the balance. If I do not pay the balance by the indicated timeline the scholarship will be awarded to another student. \_\_\_\_\_.

### **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](mailto:cfkids@uwm.edu)

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### **APPLICATION FORM**

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

Student's Name: \_\_\_\_\_ Grade next Fall: \_\_\_\_\_

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

Parent/Guardian Primary email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

#### Child's Race

- 01 American Indian or Alaskan Native    02 Asian    03 Black or African American  
04 Native Hawaiian or Other Pacific Islander    05 White    06 Two or more races

#### Child's Ethnicity

- 01 Hispanic or Latino or Spanish Origin    02 Not Hispanic or Latino or Spanish Origin

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### **FINANCIAL NEED FORM**

**Please print legibly. Be sure to fill out all sections on this application 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**