



WINONA AREA PUBLIC SCHOOLS OUT OF SCHOOL ACTIVITY SCHOLARSHIP APPLICATION

STUDENT NAME _____ SCHOOL _____
GRADE _____ GENDER _____ ACTIVITY _____

ETHNICITY: Asian Native, Hawaiian/Pacific Islander White Hispanic
Optional Black/African American/African Descent American Indian/Alaska Native

Name of Parent/Guardian _____ Phone _____

Address of Parent/Guardian _____

Total number in family (household) ____ Do not include those who no longer are family dependents.

Reasons for requesting a Fee Scholarship - Please check

- I qualify for Free or Reduced Price meal (please check one: Free Meal Reduced Price meal)
- I am not currently receiving Free or Reduced Price meal but am applying (new application date: ____)
- Special hardship condition (please describe nature of hardship)

I understand that deliberate misrepresentation of this information may subject me to prosecution under applicable state and federal law. I give permission for school officials to verify the eligibility for free and reduced meals through the School Nutrition office.

Signature of Parent/Guardian _____ Date _____

The above information on this application is confidential and will be used only for the purpose of determining eligibility for a scholarship. You are not legally required to provide any of the information we ask for. Refusal to supply requested information may result in a denial of your request for a scholarship.

Note: You may reapply at any time during the school year if you do not qualify for free or reduced-price meals at this time but think you may have become qualified. This could be based on an increase to the size of your household, a decrease in household income, unemployment, a newly placed foster child, or approval for MFIP, Food Stamp, or FDPIR benefits.

RETURN THIS FORM TO THE ACTIVITIES OFFICE.

FOR SCHOOL USE ONLY

VERIFICATION REQUIRED BEFORE APPROVAL: (PLEASE CHECK)
PHONE: 507-494-0830 FAX: 507-494-0832 BY: _____

ACTION: _____ APPROVED _____ DENIED (explain if denied for any reason other than not meeting Free/Reduced Price Meals guidelines.)

Signature of authorized Winona Area Public Schools staff _____ Date _____

Please fill in amount of scholarship.

Amt. _____
_____ WSHS Athletics to activity code: _____
_____ After School Activities to activity code: _____
_____ Other _____ to activity code: _____

School District Staff: please route completed form to Community Education.