



Vacation Class Fee Assistance

SCHOLARSHIP APPLICATION

Part A: Applicant Profile

Applicant's name: _____

Address: _____
Street Address City State Zip

Phone: _____
Home Work/Emergency

Name of child to be enrolled: _____

Relationship of Applicant to Child: parent guardian

Number in household of dependents under 18: _____ dependents over 18: _____

Mother's name: _____

Mother's place of employment: _____
Name Phone

Mother's gross monthly income from employment: _____ (attach copy of current pay stubs)

Father's name: _____

Father's place of employment: _____
Name Phone

Father's gross monthly income from employment: _____ (attach copy of current pay stubs)

If applicable, Guardian's name: _____

Guardian's place of employment: _____
Name Phone

Guardian's gross monthly income from employment: _____ (attach copy of current pay stubs)

Total of all other income sources (gross monthly amount): _____ (attach appropriate documentation)

Total of all savings and other assets: _____ (attach appropriate documentation)

Please list specific class(es) for which fee waiver/reduction is sought:

Class Title: _____ Dates: _____

Class Title: _____ Dates: _____

Class Title: _____ Dates: _____

I will accept an award for any available class(es) yes no

Request: waiver of entire fee reduction, I can pay \$ _____

Part B: Need and Impact

Please provide a brief explanation of why you require a fee reduction or waiver: _____

Part C: Applicant Certification

I certify that the information provided on this form is true and correct. I understand that this information will be reviewed by Explorit representatives and additional information may be requested. Provision of false information will result in disqualification from the Fee Assistance Program.

Signature of applicant (parent/guardian): _____ Date: _____

- Please note that each child may apply for fee assistance in up to three classes during each vacation period. However, fee assistance will not necessarily be granted for all three classes.
- Fee assistance awards are based upon financial need and space availability in classes. Awards are made on a first-come first-served basis.
- A complete application package consists of an Application for *Vacation Class Fee Assistance* form, a complete class registration form including a signed "Media Release and Indemnity Agreement", and proof of income such as a pay stub or recent tax return. More information may be requested to supplement what is originally submitted.

Please return the application, attached answers to:

Scholarship Committee - **Sassenrath Fund**
Explorit Science Center
P.O. Box 1288
Davis, CA 95617
Fax: 530.756.1227

For Office Use Only:

Date Received _____

Date Reviewed _____

Committee Disposition: RG RD Amt. _____

Authorizing Signature: _____