

# RAP ELO-P/ASES 2024-2025 Scholarship Application

## STUDENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F

Date of Birth \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M / F

Date of Birth \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Guardian's email address: \_\_\_\_\_

Parent/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Guardian's email address: \_\_\_\_\_

Child lives with (check all that apply): ( ) Mother ( ) Father ( ) Guardian ( ) Foster Parent

( ) Other \_\_\_\_\_

**IS YOUR FAMILY RECEIVING** (check all that apply) **If not receiving any of the below items check here:** \_\_\_\_\_

( ) CalFresh ( ) Free/Reduced lunch ( ) Social Security ( ) CalWORKs

( ) Other \_\_\_\_\_

**ANNUAL HOUSEHOLD INCOME** (check one): **TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD** \_\_\_\_\_

\$0-\$35,000 ( ) 35,001.00-\$45,000.00 ( ) \$45,001.00-\$60,000.00 ( ) over \$60,001.00 ( )

**ETHNIC BACKGROUND** (CHECK ALL THAT APPLY)

( ) Black/African American ( ) White ( ) Asian ( ) Am. Indian/Alaskan Native

( ) Native Hawaiian / Pacific Islander ( ) Hispanic/Latino ( ) prefer to not answer

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

Funding for the scholarships comes from an ELO-P or ASES grant. Priority will go to children who are Low-income, Homeless or Foster children, and English Language Learners. After that, scholarships will be awarded on need. You can not have any outstanding balances for the RAP program to receive a scholarship. Children who receive the scholarship need to attend 80% of the days. The scholarship can be applied to the am, pm, or summer care. Drop-ins, Fall, Winter, and Spring break are not covered.

If you have any questions about the program, please email me at [Riponraps@gmail.com](mailto:Riponraps@gmail.com). My main concern is that your child has a safe place to go after school if needed. I will email you to let you know if you received the scholarship.

By signing below, you acknowledge and accept the guidelines for the ELP-O/ASES scholarship.

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( Parent signature)

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(date)