



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't 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. 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.

(Parent signature)

(date)