RAP ASES 2024-2025 Scholarship Application

**STUDENT INFORMATION**

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

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

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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-$40,000.00 ( ) $40,001.00 -$50,000.00 ( ) over $50,001.00 ( )

**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 ASES grant. This scholarship is only for students who reside within **Ripon Unifies School District**. Priority will go to children who receive Free/Reduced lunch, Homeless or Foster children, and English Language Learners. Leftover scholarships will be handled according to need. To receive a scholarship, you can not have any outstanding balances for the RAP program. Children who receive the scholarship need to attend daily. The scholarship can be applied only to pm care. It does not cover morning or all-day care. Please also apply for the ELO-P grant, to cover your mornings, afternoons and/or Summer care.

You may check your child out early for the following reasons:

1. Parallel Activity
2. Family Emergency
3. Medical
4. Weather
5. Transportation
6. Other

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 when needed. Please return this form and the application for Free/Reduced meals.

I will email you to let you know if you received the scholarship.

By signing below, you acknowledge and accept the guidelines for the ASES scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( Parent signature) (date)