RAP ELO-P 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-$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 ELO-P grant. Priority will go to children who receive Free/Reduced lunch, Homeless or Foster children, and English Language Learners. After that, scholarships will be awarded by need. To receive a scholarship, you can not have any outstanding balances for the RAP program. Children who receive the scholarship need to attend only as needed. The scholarship can be applied to either the am care, pm care, or all day care.

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 scholarship.

Please check one of the following.

My child will attend summer school and then go to RAP ( ).

I will need the program daily ( ).

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

( Parent signature) (date)