

 HELPING CHICAGO AREA STUDENTS PROGRAM	<h2>HELPING CHICAGO AREA STUDENTS PROGRAM APPLICATION</h2>
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The Helping Chicago Area Students Program provides funds to preschool through 12th grade students, ages three (3) to eighteen (18), residing in or about the City of Chicago or its suburban areas. The Program is designed to provide supplemental funds to students who participate in a preschool program, before or after school program, summer camp program, or school sponsored extra curricular activity or sport.

Funds are provided and based, in part, upon: (i) a student's age (ii) where a student resides and (iii) financial criteria taking into consideration a student's family size and annual income per household. Applicants may be required to submit program enrollment records in addition to this Application. Offers of funds may additionally be dependent upon an interview, references, or any additional information to be determined to effectively evaluate an applicant.

PERSONAL INFORMATION

Name of Student Requesting Assistance:

Student Name/Date of Birth	Student's Address
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Parent(s) of Student Identified Above:

Parent Name (#1)	Parent Name (#2)
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CONTACT INFORMATION

Parent Name (Last, First, Middle Initial)			
Address (Street, City, State, Zip Code)			
Home Phone #	Cell Phone #	Work Phone #	E-mail Address

HOUSEHOLD INFORMATION: Please identify all individuals living in the applicant's household.

Name/Relationship to Student (#1)	Name/Relationship to Student (#2)
Name/Relationship to Student (#3)	Name/Relationship to Student (#4)
Name/Relationship to Student (#5)	Name/Relationship to Student (#6)
Name/Relationship to Student (#7)	Name/Relationship to Student (#8)

Summer School Scholarship Application: Corazón a Corazón at St. Michael **Due Friday, June 6, 2014**

ANNUAL HOUSEHOLD INCOME – Funds are provided and based, in part, upon financial criteria taking into consideration family size and annual income per household. Please provide information regarding the employment and income status of all working members of the applicant’s household. Information provided in this Section must be corroborated with a recent paycheck stub from an employer. Failure to answer all items in the following section may eliminate an applicant from further consideration.

First Household Wage Earner Information:

Name		Relationship to Student
Dates Employed With Current Employer (month/year) From: _____ To: _____		Position Title
Current Wage/Salary: \$ _____ /Month	Current Annual Income: \$ _____	Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		

Second Household Wage Earner Information:

Name		Relationship to Student
Dates Employed With Current Employer (month/year) From: _____ To: _____		Position Title
Current Wage/Salary: \$ _____ /Month	Current Annual Income: \$ _____	Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		

Third Household Wage Earner Information:

Name		Relationship to Student
Dates Employed With Current Employer (month/year) From: _____ To: _____		Position Title
Current Wage/Salary: \$ _____ /Month	Current Annual Income: \$ _____	Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		

Fourth Household Wage Earner Information:

Name		Relationship to Student
Dates Employed With Current Employer (month/year) From: _____ To: _____		Position Title
Current Wage/Salary: \$ _____ /Month	Current Annual Income: \$ _____	Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		

PROGRAM AND COST INFORMATION

The applicant must be registered, attend, or participate in, a preschool program, before or after school program, summer camp program, or school sponsored extra curricular activity or sport. Please identify the program below:

Program Name: Corazón a Corazón at St. Michael – South Shore	Program Contact Information (Address and phone number): 8235 S. South Shore Drive, Chicago, IL 60617 (773) 221-0620
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Please identify the amount of tuition/program cost for which the applicant is seeking fund assistance. (i.e. Provide the annual tuition cost of the preschool program, before or after school program, or summer camp program that the applicant attends. If the applicant is applying for funds to participate in an extra curricular activity or sport, simply write “extra curricular activity/sport” below.

Annual Program Tuition \$180 per child per summer Please note that there is no sibling discount.
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PLEASE READ CAREFULLY AND SIGN - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds to eliminate an applicant for consideration of funds.

Parent’s Signature _____ Date _____

Please mail a copy of the signed application to:

**Before and After School Enrichment
c/o Rebecca Lindsay-Ryan
212 W. Van Buren
Suite 900
Chicago, IL 60607**

Applications may also be emailed to: helpingcas@gmail.com

NOTICE OF NONDISCRIMINATION – Per the Civil Rights Act of 1964 and all applicable State and Federal laws, the Helping Chicago Area Students Program does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, sexual orientation or status as disabled veteran or veteran of the Vietnam Era.