



Scholarship Application 2020-2021

This intent of this application is to gather information pertaining to your family's need for tuition assistance. It will be kept confidential and will be destroyed after the scholarship has been awarded or denied.

We use the income chart as one factor in determining financial need. However, hardships placing a financial burden on the family will also be considered.

SCHOLARSHIP APPLICATION	
STUDENT INFORMATION	
Name:	
Date of birth:	Sex:
Applying to attend: <input type="checkbox"/> 2 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 5 days/week	
<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY <input type="checkbox"/> FULL DAY W/ AFTERCARE	
Child's primary language spoken at home:	
Names of siblings at LEDS (current or past):	
Optional Self-Identification Info (<i>please circle</i>):	
<div style="display: flex; justify-content: space-around;"> Black Hispanic Native American White Asian Other: _____ </div>	
PARENT/GUARDIAN 1 INFORMATION	
Name:	
Phone:	Email:
Employer:	Employer's Phone:
Employer's Address:	
Gross amount of pay (before tax and other deductions)	
\$ _____ . ____ /MONTH OR \$ _____ . ____ /YEAR	
PARENT/GUARDIAN 2 INFORMATION	
Name:	
Phone:	Email:
Employer:	Employer's Phone:
Employer's Address:	
Gross amount of pay (before tax and other deductions)	
\$ _____ . ____ /MONTH OR \$ _____ . ____ /YEAR	

LIST ALL OTHER MEMBERS OF THE HOUSEHOLD SUPPORTED BY THE PARENTS/GUARDIANS LISTED ABOVE:

Name	Birth Date	Relationship to Child

PLEASE EXPLAIN ANY HARDSHIPS, FINANCIAL AND OTHERWISE, WHICH MAY IMPACT YOUR FAMILY'S NEED FOR FINANCIAL ASSISTANCE (YOU MAY ATTACH A TYPED OR WRITTEN STATEMENT IF PREFERRED).

FAMILY CONTRIBUTION

LEDS is able to offer partial tuition assistance to qualified families (first come, first served). How much is your family able to contribute towards this student's tuition each month?

\$ _____ / month

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK BEFORE SIGNING:

I/We agree to notify the LEDS director if there is a change in our income or in our situation that may affect our eligibility for scholarship aid.

I/We certify that the information we have provided on this application is true and complete.

Signature of parent/guardian 1: _____ Date: _____

Signature of parent/guardian 2 (if applicable): _____ Date: _____

Income Cap for Tuition Scholarship Eligibility

Based on 150% of USDA's 2020-2021 Income Eligibility Guidelines for Reduce Price Meals (from the ACPS website)
Effective July 1, 2020 to June 30, 2021

Household Size	Annual	Monthly	Weekly
1	\$16,588.01 - \$23,606	\$1,383.01 - \$1,968	\$319.01 - \$454
2	\$22,412.01 - \$31,894	\$1,868.01 - \$2,658	\$431.01 - \$614
3	\$28,236.01 - \$40,182	\$2,353.01 - \$3,349	\$543.01 - \$773
4	\$34,060.01 - \$48,470	\$2,839.01 - \$4,470	\$655.01 - \$933
5	\$39,884.01 - \$65,046	\$3,324.01 - \$4,730	\$767.01 - \$1,092
6	\$45,708.01 - \$65,046	\$3,809.01 - \$5,421	\$879.01 - \$1,251
7	\$51,532.01 - \$73,334	\$4,295.01 - \$6,112	\$991.01 - \$1,411
8	\$57,356.01 - \$81,622	\$4,780.01 - \$6,802	\$1,103.01 - \$1,570
For Each Additional Household Member	+\$8,288	+\$691	+\$160