



# TREETOP ACADEMICS

*After-School Enrichment Programs*

## Scholarship Form for Treetop Academics Programs

To apply for a scholarship please complete this form and send it, along with the regular registration form, to: Treetop Academics 1467 East 23<sup>rd</sup> Eugene, OR 97403 or email to Jason@treetopacademics.com. All fields on this form are required to be considered complete.

*All scholarships & payment plans must be approved before your child is enrolled in childcare. Limited scholarship opportunities on the basis of financial need may be available depending on overall enrollment in the class, and the criteria set forth by this form, as resources allow. Follow up correspondence may be required for consideration. Scholarships given by Treetop Academics are for the agreed upon time and additional documentation may be requested.*

### **For all scholarship and payment plans, please complete the following:**

Student: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

For What Program/Schedule: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Other Address: \_\_\_\_\_

Phone #1/Name: \_\_\_\_\_

Phone #2/Name: \_\_\_\_\_

Parent Email Address #1: \_\_\_\_\_

Parent Email Address #2: \_\_\_\_\_

**Addition Parent Information:**

Your Occupation: \_\_\_\_\_

Average Monthly Income: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouses' Average Monthly Income: \_\_\_\_\_

Number and Age of Dependents: \_\_\_\_\_

Is there a domestic partner providing support to the household? \_\_\_ yes \_\_\_ no

If yes, how much per month: \_\_\_\_\_

**Do you Receive:**

Is your child on free/reduced lunch with 4j: \_\_\_\_\_

Child support: \_\_\_ yes \_\_\_ no How much per month? \_\_\_\_\_

Social Security: \_\_\_\_\_ Unemployment: \_\_\_\_\_

Welfare: \_\_\_\_\_ Other (Please specify): \_\_\_\_\_

ERDC or other DHS subsidy programs: \_\_\_\_\_

Have you previously applied for ERDC or other DHS subsidy programs? If not, reason for not applying? \_\_\_\_\_

Total indebtedness (not including house): \_\_\_\_\_

Monthly Payments: \_\_\_\_\_

**Other support for household:**

Please indicate total amount/month for other support to the household that may not be included in the information provided above. \_\_\_\_\_

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

