

Community After School Program Tuition Scholarship Application Instructions

CASP offers a limited number of tuition scholarships based on financial need. Applications are accepted throughout the school-year or until all funds are allocated.

IMPORTANT!

If your child attends CASP at one of the following schools, you will need to contact the Tuition & Subsidies Coordinator, Erin Motley, at 405-366-5970 (ext. 202) before completing the Tuition Scholarship Application:

ADAMS, JACKSON, JEFFERSON, KENNEDY, LAKEVIEW, MADISON, MONROE, ROOSEVELT, WILSON

INSTRUCTIONS FOR COMPLETING THE TUITION SCHOLARSHIP APPLICATION

- * Complete this form in its entirety and include all required documentation.
- * Income verification must be included for all adults 18 years and older living in the household.
(Examples: copy of recent pay stub or latest tax return.)
- * If divorced, must include Child Support Record of Payment from Child Support Enforcement.
(Child Support Enforcement: 405-522-2273 or 800-522-2922)
- * If receiving food stamps or child care assistance, must include award letter from DHS.
- * If receiving SSD, must include award letter from Social Security Administration.
- * If receiving housing assistance, must include award letter from housing authority.
- * If receiving financial aid, must include Financial Aid award letter and proof of offsetting expenses.
(Examples: tuition receipts, book receipts, etc.)
- * Incomplete applications will not be considered by the CASP Scholarship Committee.

Should you have questions regarding how to complete this application, please call the CASP Administrative Office at 405-366-5970 and we will be happy to assist you. Once completed, please review your application for accuracy and ensure all required documentation is attached. Return your application to the CASP Administrative Office between 8:00-12:00; 1:00-4:30 M-F or via our drop box after hours. Applications may also be mailed to the CASP Office at:

**Community After School Program
1023 N. Flood Avenue
Norman, OK 73069
405-366-5970 (ext. 202)**

Community After School Program Tuition Scholarship Application

HOUSEHOLD INFORMATION

Name of Parent/Guardian	Divorced (Y/N)	Phone (work)
Address	Zip	Phone (home)

LIST ALL PERSONS 18 AND OVER LIVING IN THIS HOUSEHOLD

Name	Employer/School	Job/Work/School Hours	Receiving Financial Aid?
Name	Employer/School	Job/Work/School Hours	Receiving Financial Aid?
Name	Employer/School	Job/Work/School Hours	Receiving Financial Aid?
Name	Employer/School	Job/Work/School Hours	Receiving Financial Aid?

LIST ALL CHILDREN LIVING IN THIS HOUSEHOLD

Name	Age	School/Day Care Name
Name	Age	School/Day Care Name
Name	Age	School/Day Care Name
Name	Age	School/Day Care Name
Name	Age	School/Day Care Name
Name	Age	School/Day Care Name

FINANCIAL INFORMATION FOR THIS HOUSEHOLD

Check all forms of taxable and non-taxable monthly income received for ALL ADULTS 18 and over living in the household. You must provide verifiable documentation of all income listed (pay stubs, letters from DHS, child support enforcement, housing, higher learning facilities). Failure to provide the required documentation will delay the scholarship review process. Parents will be responsible for tuition during the review process.

Type of Assistance	Check if Documentation Attached or N/A if Not Applicable			Comment
Gross Pay Adult 1	Attached		N/A	
Gross Pay Adult 2	Attached		N/A	
Child Support	Attached		N/A	
Food Stamps	Attached		N/A	
SSD Payments	Attached		N/A	
Child Care Assistance	Attached		N/A	
Housing Assistance	Attached		N/A	
Financial Aid Award	Attached		N/A	
Education Expenditures	Attached		N/A	

Other Information you would like the Tuition Scholarship Committee to know.

I affirm that the information provided in this application is both correct and complete. I understand that the CASP Tuition Scholarship Committee as well as its entire board may see this information and will keep it confidential. I further understand that scholarships are awarded for a maximum **3 MONTH PERIOD** and that it is my responsibility to complete a new application to be considered for renewal.

Signature of Applicant

Date

Office Use Only:	Amount	Comments
Gross Pay Adult 1		
Gross Pay Adult 2		
Child Support		
Food Stamps		
SSD Payments		
Child Care Assistance		
Housing Assistance		
Financial Aid Award		
Sub Total / Income		
Education Expenditures		
Total		

Office Use Only: