



2017-18 Enrichment Scholarship Application

Full and Partial Scholarships are available to families who request them. Please note that scholarships are funded through the proceeds of the PTA Enrichment Program itself, i.e. from all of our families. The goal is to be all-inclusive but also self-sustaining. *Please carefully consider the needs of your family when deciding whether to request a scholarship.* If the demand for scholarships is too great, the PTA may need to limit the scholarships awarded.

Please complete this form at least one week before the start of the class (but preferably sooner). Return completed form to the PTA Mailbox in a sealed envelope addressed to the Enrichment Coordinator or email info@sherwoodforestelementary.org. Forms will remain confidential and only be reviewed by the Enrichment Coordinator and PTA President. You will be contacted within seven days via email if you are selected to receive a scholarship and notification sent home with your student prior to the start of the class.

Each family is eligible for one scholarship, per family, per school year. *Must be completed for consideration.

*Student Name _____ *Grade _____

*Parent/Guardian _____ *Teacher _____

*Email Address _____ *Phone Number _____

*Desired Class Name _____

*Class Fee \$ _____ Amount, if any, you can contribute to the class fee: \$ _____

Is there anything you would like us to know about your circumstance in considering your request?

Please describe, if any, non-monetary contribution(s) you can or have made to the Sherwood Forest Community (e.g. Classroom Volunteer, Field Trip Chaperone, Kid Mail Help, other PTA Sponsored Event, etc).

I, the undersigning parent/guardian, permit my child to participate in Sherwood Forest PTA after school programs. I assume full responsibility for the behavior of my child at all PTA events and agree to all current Enrichment Program Policies outlined on the Sherwood Forest website. I will pick my child up on time and understand that no transportation will be provided. The Sherwood Forest PTA and its volunteers will not be held liable for any emergency or accident requiring medical attention, or the resulting expenses.

Parent Signature: _____ Date: _____

PTA USE ONLY:

Date Received _____ Notification Date _____

Amount Granted \$ _____ Approved/Denied Date _____