

**P.S. Afterschool Program**

320 West 21st Street

New York, NY 10011

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**SCHOLARSHIP APPLICATION**

**THIS FORM MUST BE COMPLETELY FILLED OUT. ADDITIONAL  
INFORMATION MAY BE REQUIRED. AN INTERVIEW WILL BE  
SCHEDULED WITH ALL APPLICANTS TO DETERMINE ELIGIBILITY.**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade/Room # \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_

Phone #: \_\_\_\_\_

Employer Name/Address/Phone#: \_\_\_\_\_

\_\_\_\_\_

Weekly Salary: \_\_\_\_\_ work hours \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Phone #: \_\_\_\_\_

Employer Name/Address/Phone#: \_\_\_\_\_

\_\_\_\_\_

Weekly Salary: \_\_\_\_\_ work hours \_\_\_\_\_

How much can you afford to pay for after school? \_\_\_\_\_

# of adults in household \_\_\_\_\_ # of children in household \_\_\_\_\_

Do you receive any public assistance? \_\_\_\_\_ if so,  
what and how much? \_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_

Are you eligible for afterschool payment assistance through your job, ACS or ADC?  
If so, what and how much?

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Please state the reason(s) that you need a scholarship for you child.

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What days and hours do you need your child to attend after school?

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In order for your child to receive this scholarship, you must agree to the following:

1) Your child will be picked up on time every day. Early dismissals are not allowed unless we receive prior written notification. Continuous lateness or early pickups will result in cancellation of the scholarship

2) Your child may not be absent more than 2 times per month without a doctor's note or written explanation. Excessive absences will also result in cancellation of the scholarship.

3) Your child must be on time for school. Punctuality and attendance (including attendance in the morning program) will be strongly considered in awarding scholarships. Children who are consistently late for school (including the morning program) will not be allowed to receive a scholarship for the afterschool program.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_