



Coronado 2018-19 Enrichment Program
Coronado Schools Foundation • 201 Sixth Street, Coronado, CA 92118

Financial Aid Application Form B:
For families who did not qualify/apply
for CUSD Free or Reduced Lunch

Hello CUSD Family!

*Students who are enrolled at Coronado High School will be given consideration for financial aid available for the 2018-19 CSF Enrichment Program. A limited number of scholarships are available, full or partial, for each class session. Financial assistance is granted based on a sliding scale, taking into consideration income, family size, and family situation. **If you are eligible for free or reduced lunches for the 2018-19 school year and can provide the letter issued by CUSD stating so, you already qualify for scholarship; please use Financial Aid Application Form A.***

Completed applications are due 14 days prior to class start date with all requested documentation. Applications will be reviewed no later than 7 days prior to class start date; any received after that date will be reviewed if scholarship funds are not expended.

Please print and mail or hand-deliver this completed form to:

CSF Enrichment Program
c/o Coronado Schools Foundation
201 Sixth Street
Coronado, CA 92118

Please include the following REQUIRED items with your completed application. Check all that apply: *For Foster Children, only asterisk items are required.

___ **2018-19 ENRICHMENT REGISTRATION FORM*** (page 2 of this application)
for EACH child for which a scholarship is requested.

___ **2018 TAX RETURN - 1040 page & Schedule A (if applicable) ONLY**
For your security, please remove all social security numbers.
Note: if you have not yet filed, provide 2017 Tax Return & Copy of 2018 Filing Extension.

___ **2 CURRENT ORIGINAL PAY STUBS FOR EACH SUPPORTING PARENT/GUARDIAN**

___ **CHILD SUPPORT INCOME DOCUMENTATION** (if applicable)

___ **PUBLIC ASSISTANCE ELIGIBILITY LETTER OR PROOF OF PLACEMENT***

Please note: once the scholarship is awarded, additional paperwork is required.

OFFICE USE ONLY

___ **MILITARY FAMILY**

DATE REVIEWED: _____

ADMIN APPROVAL INITIALS: _____

FAMILY NOTIFIED? ___ DOES FAMILY ACCEPT? ___

DATE/INITIALS: _____ / _____

AMOUNT AWARDED: \$ _____

AMOUNT PAID BY FAMILY: \$ _____

BALANCE DUE: \$ _____

2018-19 CSF Enrichment Registration Form

TO BE COMPLETED BY STUDENT'S PARENT OR GUARDIAN

Please complete ONE FORM PER CHILD for whom you are requesting a scholarship.

Please indicate your enrichment class preference:

- Fall 3 Session SAT Test Prep, 9/8-9/22
- Fall 4 Session SAT & ACT Combination Test Prep, 9/8-9/29
- Early Spring 3 Session SAT Test Prep, 2/2-2/23
- Early Spring 4 Session SAT & ACT Combination Test Prep, 2/2-3/2
- Late Spring 3 Session SAT Test Prep, 4/6-4/27

You'll be asked to pay a \$25/week co-pay. You can pay this at one time or over a few weeks, must be paid in full by the date of the first class. Is this possible for your family?

___ Yes ___ No If no, what can you afford to pay? _____

Child's Full Name: _____ Fall 2019 Grade: _____

Parent/Guardian Name: _____

Address & Zip code: _____

Cell Phone: (_____) _____ - _____ Email: _____

To thank our generous scholarship donors, we ask that you and your child write a note of

___ Yes, we are willing to do

Please provide any additional information you would like us to know when evaluating your family's situation (or attach additional sheet to this document):

All information is confidential and must be provided. INCOMPLETE APPLICATIONS WITH MISSING INFORMATION AND/OR CO-PAYMENT WILL NOT BE ACCEPTED. You are responsible for reading and completing the entire application

BY SIGNING THIS APPLICATION, I VERIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian: _____ Date: _____