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

<table>
<thead>
<tr>
<th>DATE REVIEWED: _______</th>
<th>_______ MILITARY FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMIN APPROVAL INITIALS: _______</td>
<td>AMOUNT AWARDED: $__________</td>
</tr>
<tr>
<td>FAMILY NOTIFIED? _______ DOES FAMILY ACCEPT? _______</td>
<td>AMOUNT PAID BY FAMILY: $__________</td>
</tr>
<tr>
<td>DATE/INITIALS: _______ / _______</td>
<td>BALANCE DUE: $__________</td>
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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: __________________