



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

**Financial Aid Application Form A:**  
For families who qualify for Free or Reduced Lunch

*Hello CUSD Family!*

*Students enrolled at Coronado High School who are eligible for free or reduced lunches in the 2018-19 school year qualify for scholarship consideration for the CSF Enrichment Program. This is assuming your financial situation has not changed significantly; if it has and your income has increased, we trust that you would then complete the "Form B" Financial Aid Application if you believe you would no longer qualify for free or reduced lunches at this time.*

*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

\*\*\*\*\*

To CSF:

My signature on the below confirms that our family qualified for \_\_\_\_\_ free or \_\_\_\_\_ reduced lunches (check which applies) for the 2018-19 school year. It also certifies that our family's financial situation has not significantly changed since we completed the financial information to qualify for this program.

**Please include the following required items with your completed application:**

- 2018-19 letter from Coronado Unified stating you qualify for the status checked above (free or reduced lunch). Note: You must provide a copy of this letter to use this streamlined registration form.
- A 2018-19 ENRICHMENT REGISTRATION FORM (page 2 of this application) for EACH child for which a scholarship is requested.

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

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>		_____ MILITARY FAMILY
DATE REVIEWED: _____		
ADMIN APPROVAL INITIALS: _____	AMOUNT AWARDED: \$ _____	
FAMILY NOTIFIED? _____ DOES FAMILY ACCEPT? _____	AMOUNT PAID BY FAMILY: \$ _____	
DATE/INITIALS: _____ / _____	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 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: \_\_\_\_\_

In order to thank our generous scholarship donors, we ask that you and your child write a note of thanks (or the child can draw a picture to thank these local nonprofits.)

\_\_\_ Yes, we are willing to do so

**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: \_\_\_\_\_