



2022 SCHOLARSHIP FORM



TODAYS DATE: _____ FORM COMPLETED BY: _____

How did you find out about the House of Everyday Learning? _____

PROGRAM/CAMP SELECTION:

Approximately 50% of programming costs are covered by grants and donations. Your portion of the program cost is listed below.

- Social Connections Summer 1 = \$250.00
- Social Connections Summer 2 = \$250.00
- Social Connections Fall 1 = \$250.00
- Social Connections Fall 2 = \$250.00
- Sensational Tykes = \$260.00
- Mobile Therapy Unit
- Let's Grow OuTside Summer 1 = \$385.00
- Let's Grow OuTside Summer 2 = \$385.00
- Let's Grow OuTside Fall = \$300.00
- Young Adult Living Skills Fall = \$385.00

Amount of financial assistance requested: \$_____ (Full or partial scholarship requests will be considered)

Is this the first-time receiving services from the House of Everyday Learning? yes no

If no, what services has this client received before and approximate dates: _____

DEMOGRAPHIC INFO:

Child's Name: _____ DOB: _____ Gender: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Primary Phone # _____

FINANCIAL INFO:

*All information on this form is strictly confidential and will only be viewed by the Scholarship Committee.

Number of dependent children: _____ Ages: _____

An accurate completed form will assist in determining if you are eligible for a scholarship. The worksheet below will help ensure that you include all income sources and all regular monthly expenses. Please enter the information on page 2 to the best of your knowledge. If an area does not apply, please write N/A. Form must be completed in its entirety in order to be considered for a scholarship. Prior month proof of payroll to be included with application. Based on information submitted, additional information/documentation may be required.

CHECKLIST PRIOR TO SUBMITTING:

- Fully completed form (2 full pages)
- Payroll proof from previous month
- Most recent tax return

PLEASE MAIL COMPLETED FORM AND DOCUMENTATION TO:

"HOUSE OF EVERYDAY LEARNING"
3001 11TH ST. SO., FARGO ND 58103

Any questions, please contact Laura
laura@beyondboundaries.us or 701.356.0062

*this application due 3 weeks prior to camp start date

INCOME / MONEY COMING IN

This information will be obtained from: Most current tax return and most recent proof of payroll

EXPENSES / MONEY GOING OUT

	MONTHLY EXPENSE	COMMENTS
Home Mortgage/Rent	\$ _____	_____
Real Estate Tax or Fees	\$ _____	_____
Home Equity Line of Credit payment	\$ _____	_____
Car Payments	\$ _____	_____
Boat/Camper Payment	\$ _____	_____
Monthly Daycare Payment	\$ _____	_____
Utilities (Heat/Water/Garbage, Electricity Phone/Cable)	\$ _____	_____
Insurances: Car, Life; Medical	\$ _____	_____
Monthly Credit Card payments	\$ _____	_____
Monthly Essentials (Groceries, Clothing, Gas for Vehicle, Medications)	\$ _____	_____
Other Debt not stated above	\$ _____	_____
Total monthly Debt	\$ _____	_____

CONDITIONS OF APPLICATION

Application is hereby made for the above-named client at the House of Everyday Learning.
Acceptance of this client for engagement in groups/camps, and with the consents, in this application stated.

I hereby agree as follows:

- 1) To deliver the client to the House of Everyday Learning on time for all scheduled camp dates/times.
- 2) To waive and relinquish any and all claims or liabilities against the House of Everyday Learning, their associated, affiliated or parent bodies.

ALTERING THIS APPLICATION IN ANY WAY WILL RESULT IN DISAPPROVAL

Printed Name _____ Relationship: Parent Guardian Other: _____

Caregiver / Guardian Signature _____ Date: _____

ACTION OF BOARD OF DIRECTORS

approved not approved

Date: _____

Details:

House of Everyday Learning Representative Signature

Date