

## Kevin Lucas Scholarship Application

Parents Names:

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Name of Child to Whom This Scholarship Applies: \_\_\_\_\_

Other children names/ages:

Check which best describes your child's needs.

\_\_\_\_\_ **Mentoring-** My child is carefully monitored by the classroom teacher and receives assistance from the teacher within the classroom.

\_\_\_\_\_ **Tutoring-** My child receives academic support from Learning Support Services or Paraprofessionals in the classroom.

\_\_\_\_\_ **Remediation-** My child is pulled out of the classroom to receive additional support Through curriculum and instruction adjustments.

\_\_\_\_\_ **Inclusion-** My child is supported by the Learning Support Service Program to receive Complete instruction and an individual program.

\_\_\_\_\_ Our family is only requesting tuition assistance.

### **Please submit a complete copy of your prior year tax return.**

Please describe any changes in your income since the filing of your prior year tax return (i.e. loss of job, increase/decrease in wages)

Please list any other sources of income not shown on tax return (i.e. child support, etc.)

Have you sought financial assistance from other sources? (i.e. family, church, DCS Tuition Assistance, other?)

Yes No

If yes, how much assistance have you received and whom are you receiving it from?

How much assistance do you need?

I understand that conditions for receiving this scholarship include writing a thank you letter to the donor(s). I also acknowledge that the information contained in this form is correct to the best of my knowledge.

Signed—Father Date

Signed—Mother Date

*NOTE: This form must be submitted to the DCS North Campus office by April 15. Final determination may be made prior to May 31 of each year.*