



Santa Monica
Education Foundation

**COLLEGE ESSAY WRITING CLASS
SCHOLARSHIP APPLICATION**

This application should be completed if you are applying for a scholarship and your student is NOT enrolled in the free or reduced lunch program. Scholarship applications are reviewed by an independent scholarship committee.

NOTE: If your student is enrolled in the free or reduced lunch program, you do NOT have to complete this application. Simply submit your student's Eligibility Notification Letter from the SMMUSD Food Services Department. If you need a copy of your student's letter, please contact Patsy Herschberger in Food Services (310-450-8338 x70228; pherschberger@smmusd.org).

Scholarship amounts vary, but the minimum amount is \$100. Once your scholarship application is reviewed, you will be notified of your final scholarship amount and any balance due.

Please complete, sign, and return this application along with all required documentation and a \$100 deposit to:

Email: scholarships@smedfoundation.org

Mail or in person: Summer Adventure Main Office, 1651 16th Street, Santa Monica 90404

We cannot grant any applications without documentation. Please note the types of supporting records needed for your application and be sure to include them.

The deadline to return this application is May 15, 2019.

Name(s) of student(s) applying for the class:

- 1.
- 2.

Parent/guardian name(s):

Address:

City:

Zip Code:

Email address:

Phone:



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SECTION A: COMPLETE THIS SECTION IF ANY PERSON IN YOUR HOUSEHOLD RECEIVES FOOD STAMPS, AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), OR PARTICIPATES IN THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)

(1) Please list the name(s) of children for whom you receive food stamps, AFDC, or FDPIR:

Last name	First name	Age	School attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(2) Please write the food stamp, AFCD, or FDPIR case number:

Food Stamp case number	AFDC case number	FDPIR case number
_____	_____	_____

SECTION B: COMPLETE THIS SECTION IF ANY OF THE CHILDREN APPLYING FOR REDUCED FEE ARE FOSTER CHILDREN

If any of the children for whom you are applying are foster children, please provide the following information:

Child's last name	Child's first name	Child's personal income
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION C: COMPLETE THIS SECTION IF YOU DO NOT RECEIVE FREE OR REDUCED MEALS AND DO NOT FIT INTO EITHER CATEGORY (B) OR CATEGORY (C) ABOVE.

Please provide the following information:

Names and ages of all children in the household:

Last name	First name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Names of all adults in your household:

Last name

First name

_____	_____
_____	_____
_____	_____

Total household income in 2018. The amount you state below must include all of the following: earnings from wages/salaries/tips, unemployment or workers' compensation, strike benefits, net income from self-owned business, assistance payments, alimony, child support, pensions, SSI (Social Security), retirement payments, disability benefits, interest/dividends, income from trusts/estates, income from investments, contributions from persons not living in the household, net royalties/annuities, net rental income, and any other income, whether or not it is taxable.

\$ _____

Please attach a copy of your complete 2018 federal income tax return, including all schedules. If you have not yet filed your return, send a copy of the 2016 extension application and a copy of your complete 2015 federal income tax return.

Please estimate your total income for 2019:

\$ _____

SECTION E: SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)

Please read the following notice, sign the application, and send it to the address at the top of Page 1.

I certify that all of the above information is true and correct and that I have reported all income. I understand that the Scholarship Committee may verify this information or ask me for further information.

Date: _____

Signature of person completing this form

Social Security Number