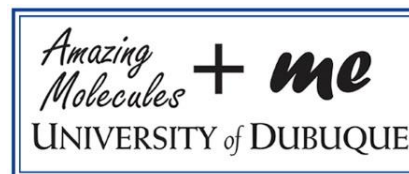


Scholarship Application for UD

Summer Programs



Dear Scholarship Application:

The intent of the K-12 UD Summer Scholarship Program is to provide financial assistance to families that might not otherwise be able to afford the full cost of academic summer programming. Scholarships may be granted based on income or special circumstance. This assistance is granted in the form of partial tuition scholarships, contingent upon the availability of funds. The scholarship policy and application steps are below.

Scholarship Guidelines:

1. Scholarship fees will be limited as to availability of funds.
2. Special circumstances eligibility is determined on a case-by-case basis, taking such factors into consideration as job loss, illness, death, non-working parents, number of children or other situation(s) that affect the families ability to pay.
3. Income eligibility is based on all sources of a families' income: wages, spousal/child support, unemployment, social security, and other sources of income. A household is defined as a group of related or non-related individuals who are living as one economic unit and sharing both income and living expenses.

Application Steps:

1. Complete the registration form for the summer program desired.
2. Fill out the scholarship application completely and turn in with the registration form.
3. You may elect to submit up to two references that would substantiate your need for a scholarship (e.g., doctor, principal, or other appropriate professional).

Scholarship Application for UD Summer Programs

Student's Name _____

Student's School _____

Please choose one:

- ___ Math 4 U² - August 8-18, Monday-Thursday 8:30 -11:30 am (*entering 6th or 7th grade*)
- ___ Amazing Molecules + ME - August 8 -12, 8:30 am – 3:30 pm (*entering 7th or 8th grade*)

Legal Guardian _____

Relationship to student _____

Email address _____

Address _____

Phone number that you can be reached at during the day _____

Yearly Gross income for legal guardian \$ _____

Total number of dependents _____

List any additional information to be considered

You may elect to submit up to two references. Include letters with application.

Signature of Guardian _____

Date _____

Please return this form to:
Dr. Debra Stork, Head of Education
University of Dubuque
2000 University Ave
Dubuque, IA 52001-5099

(563)-589-3232
<http://www.dbq.edu/k12UD/>