

The Works: Scholarships for Classes

Thank you for choosing The Works' classes for your child's education. You can register for class and apply for scholarships at the same time. There are no deadlines for application, but classes fill quickly and scholarship funds are limited, so please apply soon. Fill out area **A** or area **B** to apply for a scholarship. Please call (952) 888-4262 with any questions or for more information.

Maximum scholarships (Form A)

If your child or your family receives free or reduced price lunch at school, or assistance from TANF, MFIP, WIC, SSI, Section 8 housing, Medical Assistance or Medicaid (not Minnesota Care) then you may enroll in any of The Works' classes for just \$10 per class (limit 2 classes per child.) If you need to drop your child off early or pick up late, before care is \$5 and after care is \$5 per day. Please fill out area A.

Half scholarships (Form B)

If your family receives Minnesota Care or Basic Sliding Fee Childcare Assistance, then your child will receive a 50% scholarship to The Works' classes (limit 2 classes per child.) If you need to drop your child off early or pick up late, before care is \$5 and after care is \$5 per day. Please fill out area B.

A.

Please check the program that your family participates in, then fill in your income and number of children, and sign the form. Please mail this form, along with the class registration form, to **The Works, 9740 Grand Avenue S., Bloomington, Minnesota 55420** and include:

- Proof of enrollment in the program you checked or a copy of your federal tax return
- Class enrollment form, and
- \$10 payment for each class, plus \$5 if you need before and \$5 if you need after care.

_____ TANF _____ Section 8 housing _____ Free or reduced lunch program
_____ MFIP _____ Medical Assistance _____ Medicaid (not Minnesota Care)
_____ WIC _____ SSI

_____ number of children in family _____ total family gross income 2011

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need for camp scholarships.

Signature of parent or guardian

date

B. Please check the program that your family participates in, fill in your income and number of children, and sign the form. Please mail this form, along with your registration form, to **The Works, 9740 Grand Avenue S., Bloomington, Minnesota 55420** and include:

- Proof of enrollment in the program you checked,
- Class enrollment form, and
- 50% (half cost) payment for each class, plus \$5 if you need before and \$5 if you need after care.

_____ Minnesota Care

_____ Basic Sliding Fee Childcare Assistance

_____ Number of children in family

_____ Total family gross income 2011

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Signature of parent or guardian

date