

Summer Reading Program Scholarship Application

Name of student: _____

Current grade _____

Parent's name: _____

Parent's address: _____

Parent's phone number(s): _____

I am requesting a scholarship for the week(s) of: Please check all that apply.
(based on eligibility for Free or Reduced Lunch)

___ July 5-July 15

July 18-July 29 ___

Parent's signature

Date