



ELKHORN KIDS CAMPUS (EKC) SCHOLARSHIP REQUEST FORM

Name of Child _____ **Name of Parent** _____

EKC Site _____ **School Year** _____

Due to the reason noted below. I am requesting a hardship scholarship from EKC.

- Loss of Family Member
- Financial Difficulties
- Loss of a Job
- Other _____

Please provide additional information that may assist with our review of your hardship scholarship request. You may also attach a separate sheet explaining your circumstances:

With this scholarship request you must provide a copy of your payroll records and/or other documentation reflecting your total compensation for the preceding three months as well as the payroll records and/or other documentation of your spouse and/or any other person responsible for the financial support of the child. A failure to provide this information will result in your scholarship request being denied. EKC may require additional documentation and information prior to approving your scholarship request.

By signing below, I certify that the information provided for this scholarship request is true and complete. I understand that any falsification or failure to provide complete and accurate information will result in this request being denied by EKC.

Parent/Guardian Signature _____ **Date** _____

Office Use Only	
Date Received _____	
Start Date _____	Expiration Date _____
Program Director's Signature _____	
Office Notes _____	

