

Durham Public Schools Department of Community Education and Family Engagement

**2019-2020 Encore! Scholarship Form**

To apply for a scholarship, complete the top section and one of the following options:

- Option 1. Contact Durham Public Schools Child Nutrition Services at 560-2370 for a letter indicating your child receives free/reduced lunch and attach it to this application.
- Option 2. Have a school teacher, guidance counselor or a social service agency complete Option 2 below.
- Option 3. Complete Option 3 below and include a copy of your 2018 state or federal tax return.

***All information will be kept confidential.***

Date: \_\_\_\_\_ School Student Attends: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Parent Name(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
**Option 1**    Attached is my child's free/reduced lunch letter    Attached is my child's Encore! registration form

**Option 2      To be completed by a teacher or guidance counselor or social services representative**  
 School/ Agency Name: \_\_\_\_\_ Contact Person/ Phone: \_\_\_\_\_  
 Please accept this student on scholarship to join the Encore! Afterschool program.  
 This referral is for the following reasons: (please check all that apply).    \_\_\_ No Home Supervision  
 \_\_\_ School Suspension    \_\_\_ School Attendance    \_\_\_ Below Grade Level Math    \_\_\_ Below Grade Level Reading  
 \_\_\_ Other- state reason:  
 Signature of School or Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Option 3    Income Eligibility Limits** (you are eligible if you make less than the amount indicated)  
 \* Based on 2019 Federal Poverty Guidelines (200%)

Family Size	2	3	4	5	6	7
Total Family Income	Less than \$33,820/ yr. \$ 2,818/ mo.	Less than \$42,660/ yr. \$ 3,555/ mo.	Less than \$51,500/ yr. \$ 4,291/ mo.	Less than \$60,340/ yr. \$ 5,028/ mo.	Less than \$69,180/ yr. \$ 5,765/ mo.	Less than \$78,020/ yr. \$ 6,501/ mo.

Did you file a tax return last year?    \_\_\_ Yes    \_\_\_ No  
 If Yes- List your 2018 **Adjusted Gross Income** \$ \_\_\_\_\_ (attach a copy of your tax return)  
 How many family members live in your home?    \_\_\_ Adults    \_\_\_ Children  
 What is your family income? (include all sources) \$ \_\_\_\_\_ per year or \$ \_\_\_\_\_ per month  
 Father's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mother's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

I confirm the information above is true and authorize DPS- Community Education to verify the accuracy of this application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_