



# Washington Pavilion Scholarship Application

*The confidential nature of the information shared will be respected. Applications will be considered based upon class openings and available scholarship funds.*

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

Student Grade Level \_\_\_\_\_ Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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Class or Program Name \_\_\_\_\_

Date of Class or Program \_\_\_\_\_ Tuition for Class/Program \_\_\_\_\_

We can contribute \$\_\_\_\_\_ toward tuition

Family Income: \_\_\_\_\_ Number in household \_\_\_\_\_

\$0 - \$25,000     \$25,000 - \$35,000     \$35,000 - \$45,000     \$45,000 - above

Please use the space below to help us understand your reason for requesting financial assistance (attach additional pages if necessary):

Much of scholarship funding comes through the Connecting Kids Initiative with the United Way. Connecting Kids supplements the cost for K-8 students to participate in a choice of several area activities, but families can utilize only one certificate a year.

Have you used a Connecting Kids certificate this calendar year?                       YES     NO

Would you be willing to utilize a Connecting Kids certificate for this activity?                       YES     NO

I declare that the information reported on this form is true, correct and complete to the best of my/our knowledge. The Washington Pavilion has permission to verify the information reported above.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:**

Washington Pavilion | Attn: Director of Community Learning Center | 301 S. Main Ave | Sioux Falls, SD 57104