

2014 Scholarship Policies and Procedures



Submit scholarship application with registration and deposit.

How Does Tuition Assistance Work?

Scholarship funds are dedicated to help eligible SGUSD students offset the cost of 2014 SEF Summer Academy tuition. The scholarship award is applied as a credit up to a maximum of \$100 per child toward the full tuition amount. Tuition will be paid in two installments and, if awarded, the credit will be applied toward the 2nd installment payment. No cash benefit will be awarded to the student. There are a limited amount of scholarships awarded on a first come, first served basis to qualified applicants until funds are exhausted or the deadline is reached. Scholarship amounts will be awarded based upon the availability of funds and the number of eligible participants.

Do I Qualify?

You qualify for tuition assistance if you meet ALL of the following requirements:

1. *Your child is currently an SGUSD student.*
 2. *Your child is registered and you have paid the 1st installment for SEF Summer Academy 2014.*
 3. *Your child participates in the reduced/free National School Lunch Program.*
 4. *If your child does not participate in the reduced/free lunch program, financial hardships will also be considered. Please explain on the application.*
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How Do I Apply?

1. Review qualification guidelines and complete the SEF scholarship application. Scholarship Applications will be considered incomplete if SEF Summer Academy Registration is incomplete and may jeopardize your award.
 2. Please request only the amount your family needs to make tuition affordable. Please be aware that you may not be granted the full amount requested.
 3. Return proof of both Registration for SEF Summer Academy and 1st installment payment.
 4. If your child is awarded a scholarship, you will be notified by May 15, 2014..
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Other Policies

Selection for scholarship shall be determined without regard to race, gender, sexual orientation, religious affiliation, or national origin. All application information will be maintained by SEF in the strictest confidentiality.

Parent must abide by the SEF K-12 Scholarship Policies and Procedures and failure to do so may result in the student's forfeit of scholarship award and the parent/guardian may be held responsible for any monies owed to SEF K-12 Summer Academy Program.

2014 Scholarship Application



Summer School Site:
Please check one

- K-5
 6-8 Jefferson Middle School
 9-12 Gabrielino High School

Return this form along with student registration to the
SEF office at 408 Junipero Serra Drive, San Gabriel 91776

Date Received:

Please print clearly

Applicant Information

| | | | |
|----------------------------|--------------------------|-----------------|----------------|
| Student Last Name: | First Name: | Middle Initial: | Date of Birth: |
| Parent/Guardian Full Name: | Relationship to Student: | | |
| Street Address: | Apt/Unit: | | |
| City: | State: | ZIP: | |
| Home phone: | Cell Phone: | Email: | |

Qualification

Is the applicant an SGUSD student: Yes No
If yes, School Attending: 2 3 4 5 6 7 8 9 10 11 12

Does the applicant participate in the Free or Reduced Lunch Program?
 Yes No
If the applicant does NOT qualify for the Free or Reduced Lunch Program, do
you want to be given consideration for the scholarship for unexpected financial
hardship?
 Yes No

Please briefly explain hardship:

Do you have more than 1 child applying for a SEF scholarship?
 Yes No
If yes, please list names of other children:

Scholarship Amount Requested (up to \$150):

\$

Disclaimer and Signature

By signing this form, I agree to abide by the SEF K-12 Scholarship Policies and Procedures, and failure to do so may result in the student's forfeit of scholarship award and the parent/guardian may be held responsible for any monies owed to SEF K-12 Summer Academy Program.

I certify that my answers are true and complete to the best of my knowledge, and understand that incomplete or illegible applications may delay processing and jeopardize receiving scholarship award. I understand that false or misleading information in my application may result in denial or reimbursement of scholarship amount to SEF. I authorize the SGUSD to provide verification of my student's participation in the free or reduced lunch program.

Parent/Guardian Signature

Date

Office Use

- Approved Denied

SEF Representative Signature

Date