

KingCare

Before- and After-School Child Care Enrichment Program at Martin Luther King Jr. Elementary School
3800 Waldenwood Dr.; Ann Arbor, MI 48105 (734) 994-4485

SCHOLARSHIP APPLICATION

Academic year of application: _____

Child's Name: _____ Application Date: _____

Father / Guardian _____ Home Phone _____

Address: _____

Place of Employment/ School Attending _____ Work Phone _____

Mother / Guardian _____ Home Phone _____

Address: _____

Place of Employment/ School Attending _____ Work Phone _____

Applied for: Monday AM _____ Tuesday AM _____ Wednesday AM _____ Thursday AM _____ Friday AM _____
Monday PM _____ Tuesday PM _____ Wednesday PM _____ Thursday PM _____ Friday PM _____
Full Days _____ Half Days _____

The Following Qualifications Must Be Met :

____ Student Must Attend Martin Luther King Jr. Elementary School (This will be verified by the school Principal)

____ Student must qualify for Free/ Reduced School Lunch Program (This will be verified by school Principal)

____ Parents/ Guardians must be employed and at work or enrolled in school and in class during the program hours in which they are requesting care. **(Parents/Guardians must include a letter from their employer or copy of school schedule to verify.)**

____ All Standard KingCare registration, emergency, health and policy forms must be filled out and turned in with this application.

Hardship Conditions

If the above qualifications are not met, and you wish to apply under any special hardship conditions (for instance, high medical expenses, disaster or casualty losses, etc.), please complete the application and describe the nature of your hardship here. Further information may be requested by the KingCare Board of Directors.

Hardship

Estimated Dollar Value: _____

This Application must be completed and returned to the KingCare Director. No processing will occur until an assigned representative of the KingCare Parent Board has verified the information on this application. The KingCare Parent Board is responsible for the approval of each application. Conditions for approval may include availability of funding or space, and will be subject to first-come/first-served prioritization. **The scholarship is limited to the maximum term of the school year in which the application is submitted, after which, re-application will be needed.** Information on this application may be shared with the King Elementary School Principal or his/her assigned representative; the KingCare Parent Board or its assigned representative may solicit information affecting scholarship candidate eligibility from the Ann Arbor School District. Deliberate misrepresentation of information on this form subjects the applicant to prosecution under applicable State and Penal Statutes.

Scholarship does not cover late pick-up fees, early drop-off fees, or late payment fees. Applicants may be required to pay all or part of the registration fees. The KingCare Board will inform applicants of the amount required when granting the scholarship. **Submitting this paperwork does not guarantee approval of a scholarship. Parents are responsible for on time payment of all fees incurred prior to scholarship approval.**

My signature signifies that all of the information on this application is true and correct to the best of my knowledge and belief.

Signature of parents/guardian _____ **Date** _____

Verification By School Principal

This child attends Martin Luther King Jr. Elementary School and qualifies for reduced/free school lunch program.

Signature of School Principal _____ **Date** _____

KingCare Parent Board Use Only

New _____ Renewal _____

Approved _____ Approved with Conditions (add comments) _____ Denied _____

Comments: _____

Registration Fee: Charged at 100% _____ Charged at 50% _____ Waived _____

Monday AM _____ Tuesday AM _____ Wednesday AM _____ Thursday AM _____ Friday AM _____

Monday PM _____ Tuesday PM _____ Wednesday PM _____ Thursday PM _____ Friday PM _____

Full Days _____ Half Days _____

Approval/Rejection Signature _____ Position in KingCare _____