

Dream Big ~ Realize Potentials

Dear Parent/Primary Caregiver,

We are proud to announce that we are able to offer scholarship funds to help subsidize academic costs for families that exhibit a financial need.....

Attached you will find an application for [The Dream Big Scholarship](#). Scholarship funds are allocated directly from [The Dream Big Scholarship Fund](#) and are based on fund availability, financial need, and an individual's disability (when specified by the donator of funds allocated for a [Dream Big Scholarship](#)). Awarded scholarships will be disbursed directly to the program you are seeking a scholarship for.

Please note that each item that requires documentation has an asterisk (*).

In order to ensure that your application can be processed, please complete the entire application and attach all appropriate documentation.

If you have any questions, please contact us at info@supportdreambig.org and a board member will contact you.

These academic scholarships will not be available until the Spring Term. We will accept applications through October 1, 2015 and Award Letters will be disbursed by November 15, 2015. The Scholarship Awarded will be provided to the school by January 10, 2016.

Sincerely,

“Tonina” Llull, Yessica Quiros, Kenneth Aldridge, Yvonne Perez, and Theresa Snell
[Dream Big](#) Board Members

All the information below must be turned in with required documentation in order for us to consider your child’s need for a scholarship. An asterisk (*) indicates that supporting documentation is required for an item.

Part 1 – Student Information

Student’s Name:		
Grade entering:		
Gender:		
*Social Security income\$		
Does your child have Medicaid?	YES	NO
Name of Program? Describe:		
Cost of per week/month:		
Scholarship amount are you need:		
Program address and contact information:		

*****Scholarships are need’s based, please ask only for what you need – generally full scholarships are not granted, they may be available if you or your child (the applicant) qualify for programs like:**

- free or reduced lunch (current verification letter from your county’s Food and Nutrition Services Department)
- Head Start enrolled student and siblings
- Temporary Assistance for Needy Families (TANF)
- Food stamps (copy of current awards letter and card)
- Women, Infants & Children (WIC) program (current two-sided card)

- My foster child is receiving state or local funding (copy of court documentation)

***Documentation is required if you or your child qualifies for one of these programs.

Part 2: Parent/Guardian Information.

This information must be completed for **each adult living in the household.**

Name:	
Birth date:	
Address #1:	
Address #2	
City, State, Zip	
Home Phone	
Cell phone	
Email address	
Occupation	
Employer	
Disabled?	Yes No

As of Today, are you married? _____ If “yes” include all of your spouse’s income information and attach required documentation where an * is indicated.

Part 2: Parent/Guardian #2 Information.

Name:	
Birth date:	
Address #1:	
Address #2	
City, State, Zip	
Home Phone	
Cell phone	
Email address	
Occupation	

Dream Big – Scholarship Application

Employer	
Disabled?	YES NO

Part 3: Dependent Information -- child or adult #1 – (circle if your dependent is a child or adult)

Name:	
Birth date:	
Present grade	
Present school	
Tuition cost	YES NO Amount you pay monthly/yearly _____
Scholarship?	YES NO Amount you receive yearly _____
Does this dependent live At the same address?	
Disabled?	YES NO
Support	Do you receive child support and/or social security for this dependent?

Part 3: Dependent Information -- child or adult #2 – (circle if your dependent is a child or adult)

Name:	
Birth date:	
Present grade	
Present school	
Tuition cost	YES NO Amount you pay monthly/yearly _____
Scholarship?	YES NO Amount you receive yearly _____
Does this dependent live At the same address?	Yes No
Disabled?	YES NO
Support	Do you receive child support and/or social security for this dependent?

Part 3: Dependent Information -- child or adult #3 – (circle if your dependent is a child or adult)

Name:	
Birth date:	

Present grade	
Present school	
Tuition cost	YES NO Amount you pay monthly/yearly _____
Scholarship?	YES NO Amount you receive yearly _____
Does this dependent live At the same address?	Yes No
Disabled?	YES NO
Support	Do you receive child support and/or social security for this dependent?

Part 3: Dependent Information -- child or adult #4 – (circle if your dependent is a child or adult)

Name:	
Birth date:	
Present grade	
Present school Name?	
Tuition cost	YES NO Amount you pay monthly/yearly _____
Scholarship?	YES NO Amount you receive yearly _____
Does this dependent live At the same address?	Yes No
Disabled?	YES NO
Support	Do you receive child support and/or social security for this dependent?

Part 4: Income Information

Include information for any adult who is working and assisting with your child’s care.

*Adjusted Gross Income from 2013 tax returns (submit form)		
*Monthly net income from each household member (submit pay stubs)	\$ _____ (adult #1)	\$ _____ (adult #2)
	\$ _____ (adult #3)	
*Business Income (explain)		
Capital Gains Income		
Real Estate Income		
Trust, Inheritance Income		

Alimony Income

Child Support Received

Disability income

Application due by: October 1, 2015

Scholarships will be awarded based on academic institution’s tuition schedule.

Once Scholarships have been awarded, no changes will be accepted.

I _____ affirm that the above information is true and correct. I understand that if the above information is found to be false that I am responsible for the immediate repayment of any scholarship funds received.

Parent 1 signature: _____

Print: _____ Date: _____

Witness: _____ **Print:** _____

Date: _____

Parent 2 signature: _____

Print: _____ Date: _____

Witness: _____ **Print:** _____

Date: _____