

# Dream Big ~ Realize Potentials

Dear Parent/Primary Caregiver,

We are proud to announce that we are able to offer scholarship funds to help subsidize summer program and aftercare program 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](mailto:info@supportdreambig.org) and a board member will contact you.

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.**

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

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.**

<b>Name:</b>	
<b>Birth date:</b>	
<b>Address #1:</b>	
<b>Address #2</b>	
<b>City, State, Zip</b>	
<b>Home Phone</b>	
<b>Cell phone</b>	
<b>Email address</b>	
<b>Occupation</b>	
<b>Employer</b>	
<b>Disabled?</b>	<b>YES      NO</b>

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

# Dream Big – Scholarship Application

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

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

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

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

<b>Name:</b>	
<b>Birth date:</b>	
<b>Present grade</b>	
<b>Present school</b>	
<b>Tuition cost</b>	<b>YES NO</b> Amount you pay monthly/yearly _____
<b>Scholarship?</b>	<b>YES NO</b> Amount you receive yearly _____

<b>Does this dependent live At the same address?</b>	<b>Yes    No</b>
<b>Disabled?</b>	<b>YES    NO</b>
<b>Support</b>	<b>Do you receive child support and/or social security for this dependent?</b>

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

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

**Part 4: Income Information**

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

<b>*Adjusted Gross Income from 2014 tax returns (submit form)</b>	
<b>* Monthly net income from each household member (submit pay stubs)</b>	\$ _____ (adult #1)    \$ _____ (adult #2) \$ _____ (adult #3)
<b>*Business Income (explain)</b>	
<b>Capital Gains Income</b>	
<b>Real Estate Income</b>	
<b>Trust, Inheritance Income</b>	
<b>Alimony Income</b>	
<b>Child Support Received</b>	
<b>Disability income</b>	

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**Application due by: May 15, 2015**

**Scholarships will be awarded by: June 15, 2015**

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: \_\_\_\_\_