

Community After School Program Scholarship Application

CASP Scholarships are funded through the United Way of Norman, Inc. and the City of Norman on a first-come, first-served basis. Scholarship applicants are reviewed for need with consideration given to the following:

- * Employment of all adults 18 or over during program hours
- * One or more adults attends school
- * Recommendation for consideration by school counselor or principal

BEFORE COMPLETING THIS FORM:

- * Contact the Department of Human Services Day Care Eligibility Office at 573-8300.
- * Complete DHS paperwork to determine assistance eligibility.
- * Attach DHS response to application if you did not qualify or need co-pay assistance.

INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION

- * Complete this form in its entirety and include all required documentation.
- * Income verification must be included for all adults 18 years and older living in the household.
(Examples: copy of recent pay stub or latest tax return.)
- * If receiving financial aid, must include Financial Aid letter and proof of offsetting expenses.
(Examples: tuition receipts, book receipts, etc.)
- * If divorced, must include Child Support Record of Payment from Child Support Enforcement.
(Child Support Enforcement: 405-522-2273 or 800-522-2922)
- * Incomplete applications will not be considered by the CASP Scholarship Committee.

Application Checklist

- _____ DHS Award/Denial Letter of ALL benefits (Ex: Child Care Assistance, Food Stamps, TANF, etc.)
- _____ Pay Stubs or Tax Returns for All ADULTS 18 and over
- _____ Child Support Record of Payment from Child Support Enforcement (if divorced)
- _____ Financial Aid Award Letter and offsetting receipts (if applicable)
- _____ Other (Counselor/Principal recommendation, additional relevant information)

Should you have questions regarding how to complete this application, please call the CASP Administrative Office at 405-366-5970 and we will be happy to assist you. Once completed, please review your application for accuracy and ensure all required documentation is attached. Return your application to the CASP Administrative Office between 8:00-11:30; 12:30-4:30 M-F or via our drop box after hours. Applications may also be mailed to the CASP Office at:

**Community After School Program
1023 N. Flood Avenue
Norman, OK 73069**

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HOUSEHOLD INFORMATION

Name of Parent/Guardian	Divorced (Y/N)	Phone (work)
Address	Zip	Phone (home)

LIST ALL ADULTS 18 AND OVER LIVING IN THIS HOUSEHOLD

Name	Employer	Job/Work Hours
Name	Employer	Job/Work Hours
Name	Employer	Job/Work Hours
Name	Employer	Job/Work Hours

LIST ALL CHILDREN LIVING IN THIS HOUSEHOLD

Name	Age	School/Day Care	CASP Before School (Y/N)	CASP After School (Y/N)
Name	Age	School/Day Care	CASP Before School (Y/N)	CASP After School (Y/N)
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Name	Age	School/Day Care	CASP Before School (Y/N)	CASP After School (Y/N)
Name	Age	School/Day Care	CASP Before School (Y/N)	CASP After School (Y/N)

PARENT/GUARDIAN EDUCATION INFORMATION

Are parents/guardians college students? If yes, check all that apply:

Parent/Guardian	No	Yes	Part Time	Full Time	Undergraduate Student	Graduate Student
Parent/Guardian	No	Yes	Part Time	Full Time	Undergraduate Student	Graduate Student

Are any college students receiving Financial Aid? If yes, list amount and attach documentation.

Parent/Guardian	No	Yes	Amount	Must attach award letter.	Expense receipts attached.
Parent/Guardian	No	Yes	Amount	Must attach award letter.	Expense receipts attached.

FINANCIAL INFORMATION FOR THIS HOUSEHOLD

List all taxable and non-taxable monthly income (actual amounts) for ALL ADULTS 18 and over.

Parent/Guardian	Gross Wages	Must attach pay stub or tax return.	Child Support	If divorced, you must attach a Record of Payment available from Child Support Enforcement.
Parent/Guardian	Gross Wages	Must attach pay stub or tax return.	Child Support	If divorced, you must attach a Record of Payment available from Child Support Enforcement.
Other Adult	Gross Wages	Must attach pay stub or tax return.	Other Taxable Income (ex: interest, alimony)	Amount
Other Adult	Gross Wages	Must attach pay stub or tax return.	Other Non-Taxable Income	Amount
Other Adult	Gross Wages	Must attach pay stub or tax return.	Office Use Only:	

LIST ANY LOCAL, STATE OR FEDERAL ASSISTANCE YOU ARE RECEIVING

Do you receive Food Stamps or TANF Assistance? If yes, list amounts and attach support.

Food Stamps? (Y/N)	Amount	TANF Assistance? (Y/N)	Amount
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Do you receive SSI or Housing Assistance? If yes, list amounts and attach support.

SSI Assistance? (Y/N)	Amount	Housing Assistance? (Y/N)	Amount
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Are you approved for DHS Child Care Assistance? If yes, list effective date, co-pay and attach support.

DHS Child Care Assistance? (Y/N)	Effective Date	Co-Pay Amount	Office Use Only:
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Additional information the CASP Scholarship Committee should consider (Attach additional pages if needed.):

Recommendation of Counselor or Principal (Attach recommendation letter if preferred.) :

I affirm that the information provided in this application is both correct and complete. I understand that the CASP Scholarship Committee as well as its entire board may see this information and will keep it confidential. I further understand that scholarships are for a maximum **3 MONTH PERIOD** and that it is my responsibility to complete a new application to be considered for renewal.

Signature of Applicant

Date

Office Use Only: