

EdBoost Scholarship Application 2019-2020

Tel: 310.559.1991 • Fax: 323.345.6473 • www.edboost.org

EdBoost is deeply committed to making its programs accessible to all children. We offer scholarships to low-income children and moderate scholarships to middle-income children for all services taking place **at the EdBoost Learning Center**. (Unfortunately, we cannot offer scholarships for in-home services.)

To apply for a scholarship, please fill out this form and **attach copies of your most recent federal tax returns** (if you filed a 1040 form, include copies of only the first two pages). If you did not file tax returns last year, please discuss your situation with us. All information you provide with this application will remain strictly confidential. No information about your finances will be discussed with anyone outside of EdBoost senior staff.

Based on the information you provide, we will calculate your child's scholarship and notify you of the discount you will receive on EdBoost's regular tuition rates. This discount will be in effect for this school year only. All information about your scholarship and/or discount will be kept completely confidential.

EdBoost is a non-profit organization with limited resources. Unfortunately, we do not have the funds to provide scholarships to every deserving applicant. We appreciate your honesty about your financial situation because it enables us to serve as many children as possible.

Child(ren)'s Name(s): _____

Parent's or Legal Guardian's Name: _____

Parent's Main Phone: (_____) _____ - _____ Email Address: _____

1) Current MONTHLY household income. Please include the wages of ALL adults in your household, as well as income from alimony, child support, investments, businesses, and all other sources.

\$ _____/Month

2) Monthly amount of household income used to support children or adults who live **outside** of your household (e.g., child support, alimony, etc.):

\$ _____/Month

3) Total number of children in your household (including children in college) whom you support:

| | Name | Age | Preschool? | K-12? | College? |
|---|------|-----|--------------------------|--------------------------|--------------------------|
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4) Total number of elderly or disabled ADULTS in your household whom you support: _____

5) Who has legal custody of the applicant child? I (single parent) have primary custody; We (two parents) have primary custody; Another parent/guardian has primary custody; I/We share custody with another parent/guardian.

Please describe any additional circumstances that affect your family's ability to pay for EdBoost services and/or any circumstances that explain why your taxable income does not reflect your true income (use back for extra space):

Office Use Only: Date: _____ ; HASPA: _____ %; Tutoring (K-8): \$ _____ ; Tutoring (HS): \$ _____ ; Test prep: \$ _____