



INTERSESSION 1.0 SCHOLARSHIP APPLICATION

Please complete one form for each student.

*New starting Fall 2018, there is a **\$20.00** non-refundable deposit required when applying for scholarships that must be paid at the time of applying for an intersession scholarship. This deposit is applied towards the cost of the intersession track.

PLEASE PRINT CLEARLY:

Today's Date: ____ / ____ / ____ School Attending (K-12 students): _____

Participants Name: _____ / ____ / ____
Last First M.I. Birth Date

Parent/Guardian Name: _____ () - ____
Last First Primary Phone

Address: _____ City: _____ Zip: _____

Parent Email Address: _____

Please explain your reason for requesting a scholarship: _____

Does your family receive any type of assistance? Yes No

If yes, please list specific types: _____

Class you are interested in: _____ \$ _____
Class Name Class Fee

Scholarship Amount Requested: \$ _____ Parent Signature: _____

Please submit application to:
Davison Community Enrichment and Recreation (DCER)
1250 N. Oak Rd., Davison, MI 48423
Office: 810-591-0175 Fax: 810-591-0174

DCER office is located on the north side of the Davison Alternative Education building at door #34.

For Office Use Only

Approved Amount \$ _____ Denied Reason: _____

Scholarship Review Committee: _____ Date: _____