



INTERSESSION SCHOLARSHIP APPLICATION

Intersession 1

Intersession II

Intersession III

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 # 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: _____

Entered in rSchoolToday by: _____ Date: _____