



SUMMER ENRICHMENT SCHOLARSHIP PROGRAM

STUDENT APPLICATION INSTRUCTIONS

Part 1 - Student Application Form

All applications will be evaluated on a competitive and impartial basis. The maximum scholarship award is \$500 per applicant. Previous recipients are welcome to apply again.

Please note the following restrictions:

Note:

- All camps/programs will be considered with the exception of those with a religious affiliation.
- Seattle School District students or Seattle private school students **currently** between grades 6 through 11 may apply including home schooled students with SSD affiliation. SSD Students will be given priority.
- No transportation costs will be provided.
- Anyone related to a current Assistance League of Seattle member is not eligible.
- In-state camps/programs will be given priority. Out-of-state programs will be considered if funding allows.

Part 2 - Student Essay Questionnaire

Please give some thought to each essay question. Your handwritten or computer-generated response must be attached to the application form.

Part 3 - Counselor/Teacher Recommendation

A counselor or activity related adult supervisor (non-parental) must provide a written recommendation. This recommendation should state how they feel you will benefit from the summer program experience and it must accompany the application form.

Download and print the three-part application packet which includes:

- Application Form which includes a Photo Release Form
- Student Essay Questionnaire
- Counselor/Teacher Recommendation

Email your completed packet to: AssistanceleagueSeattleCamper@gmail.com or

Mail to: Assistance League of Seattle
Attn: Enrichment Scholarship Program
1415 N 45th Street
Seattle, WA 98103

The Application Packet must be postmarked by the 31st of March

Any questions? Email us at [assistanceleagueSeattleCamper@gmail.com](mailto:AssistanceleagueSeattleCamper@gmail.com)



Part 1 - STUDENT APPLICATION Must be Postmarked by the 31th of March

A

Name of Applicant: _____

Mailing Address: _____ Seattle Zip _____

Applicant's Phone Number: _____ E-Mail _____

Applicant's Signature: _____

Parent/Guardian Signature: _____

(indicates support of the application and ability to provide transportation if needed)

Parent/Guardian Phone Number: _____ E-Mail _____

Parent/Guardian Printed Name _____

Applicant's **Current** Grade Level _____ School Name _____

Are you currently enrolled in WA state full/reduced lunch program? _____

How did you hear about this scholarship program? _____

B

Name of Summer Camp or Program you want to attend:

Full organization name and address with zip code is required of organization to which the award check should be made payable. (Check cannot be written to an individual.)

Organization Name: _____

Address: _____

City/State: _____ /WA Zip: _____ Phone #: _____

Organization's Web Site Address: _____

Deadline date for program choice: _____ Have you applied yet? _____

Total cost of program \$ _____ Scholarship funding requested: \$ _____

(excluding transportation) _____ (Maximum funding for grades 6 through 11 is \$500.00)

How many years have you received an Enrichment Scholarship award from us in the past? _____

C

PHOTO RELEASE AUTHORIZATION

As parent/guardian of the applicant (student's name): _____

(circle one) : **I authorize** **I do not authorize** the Assistance League of Seattle (ALS) to use photos, images, statements of my child for ALS media use (i.e. press releases, brochures, web site)

(circle one) : **with or without** use of identifying name.

Signature of parent/guardian _____

ALS Financial Office Use Only: Amount of Award \$ _____



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Part 2 - STUDENT ESSAY

Please keep the following guidelines in mind as you answer these questions:

- * Include a clear description of your program choice.*
- * Describe your degree of interest and enthusiasm for program.*

ESSAY QUESTIONS (Use separate paper and attach to Student Application Form.)

- 1) What activities and interests motivate you to attend your choice of summer program?
- 2) Explain how you will benefit educationally and socially from the experience. Be specific.
- 3) Are you expecting to receive additional financial aid from other sources?

Part 3 - COUNSELOR, TEACHER OR ACTIVITY-RELATED ADULT RECOMMENDATION (Use separate paper and attach to Student Application Form. If possible, please submit recommendation on letterhead.)

Students are encouraged to select a program offering them educational and social enrichment experiences. How do you feel the student will benefit from their chosen summer program? Have you discussed additional financial aid opportunities with the student?

Send or Email Completed Application Packet to

assistanceleagueSeattleCamper@gmail.com or

**Assistance League of Seattle
Attn: Enrichment Scholarship Program
1415 N. 45 Street
Seattle, WA 98103**

The Application Packet must be postmarked by the 31st of March

NOTE:

Applicants will receive a phone call and/or email by mid-April letting them know whether or not they will receive a scholarship.

This application is only a request for scholarship funding from the Assistance League. **You must fill out a separate registration form for your program of choice.** Many of the programs offer additional scholarship opportunities so be sure to inquire with the sponsor.