



Before/After School Enrichment Program Scholarship Application

Please see the 'Enrichment' tab at www.lewispta.org for qualifying programs

Application Date: _____

Student Name: _____

Teacher: _____

Parent Name: _____

Parent Email: _____

You will be notified via email when the check is ready for pick up from the school office

Name of Program: _____

Dates of Program: _____

Cost of Program: _____

How much are you able to pay? _____

Check made payable to: _____

****Please attach a copy of the receipt to this application**

In an effort to assist as many families as possible with the funds we have available, scholarships are limited to one per student, per year.

Questions? Please email the PTA Board at lewiselementaryptaor@gmail.com

Parent/Guardian Signature: _____

Date: _____

Lewis PTA Enrichment Scholarships are considered on a first-come, first-serve basis and there will be no discrimination on the grounds of age, color, creed, disability, marital status, national origin, race, religion, sex or sexual orientation in any educational programs, activities or employment.

FOR PTA USE ONLY:

Date Reviewed: _____

Approved: Yes No

Date Received: _____

Check issue date: _____ Check Number: _____

Date family notified: _____