



*"We Create Community through People,
Parks & Programs"*

8th Grade Washington DC Trip Scholarship Application

EJRP Scholarship Program Overview

The EJRP Scholarship Program is intended to help students who are experiencing financial challenge, which supports our mission area to offer affordable and accessible programs.

Funding

The EJRP Scholarship Program is funded through the EJRP Program Fund and donations. There is a limited amount of money available for scholarship distribution for the trip. Only partial scholarships will be awarded.

EJRP Scholarship Program Parameters

1. Participants will be required to pay partial cost. Full scholarships are not available.
2. Granting of assistance is based on low-income status, family need, student interest in trip, and student willingness to contribute towards the trip.
3. EJRP accounts must be in good standing to be considered for a scholarship.

Process

At the time of registration, a customer applying for a scholarship can complete the online registration, select the payment plan option, and not be charged anything upfront. The applicant then **MUST** complete the Scholarship Application and return to our office **NO LATER THAN October 10**. Please call our office for assistance.

Applications will be reviewed by October 14 and Department staff will inform the applicant of the scholarship amount. This will be adjusted with the monthly payment plan to reflect the out of pocket cost, and you will be billed according to the payment plan using the payment method provided at registration.

Fundraising

There are not any EJRP sponsored fundraising opportunities. For those students/families who are motivated, there are many ways to earn money towards your trip, including reaching out to friends/family/neighbors and offering services for fees – raking, babysitting, snow shoveling, etc.

Note: current contact information **MUST** be provided and **BE ACCURATE** so the applicant can be reached to discuss questions and/or the outcome of the application.



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Scholarship Application

Note: Feel free to write/type answers on a separate piece of paper(s) as you see fit.
These answers are critical in helping us determine how to award scholarships. Please
answer with care.

Student Name: _____

Student: Please tell us why you want to go to Washington, DC: _____

Student: Please tell us what/how you plan to contribute financially towards this trip:



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Guardian(s) Name(s): _____

Guardian: Please tell us why you are requesting scholarship funding to support your son/daughter to attend this trip:



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Scholarship Application

Application Instructions: Complete this form in its entirety

For Office Use Only:

Date Application & Reg Form Received: _____

Date Complete Application Received: _____

Date Application Reviewed: _____

Total Program Fees: _____ % Granted: _____ % Amount Due: _____

Payment Due Date (5-business days from date contacted): _____

MONTHLY Gross Income Worksheet

1st monthly gross average income: \$ _____

2nd monthly gross average income: \$ _____

Monthly Disability: \$ _____

Monthly Unemployment \$ _____

Monthly Child/spousal support: \$ _____

Monthly Social Security: \$ _____

Monthly Pensions/Retirement: \$ _____

Other State or Federal income/aid: \$ _____

Other monthly income/support: \$ _____

TOTAL MONTHLY GROSS INCOME: \$ _____

Household Number Worksheet

Number of adults (19+): _____

Number of children (18 & under): _____

TOTAL number in household: _____

Are you married/civil union? ___ No ___ Yes

Primary Household Contact Name _____ Secondary Household Contact Name _____

Essex Junction, Vermont 05452

Town, State, ZIP

Street Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Primary Household Contact's Employer _____

Secondary Household Contact's Employer _____

Employer Address _____

Employer Address _____

Position Title _____

Position Title _____

Name of Participant _____

Age _____

Activity _____

\$ of Scholarship Requested _____

8th Grade Trip to Washington, DC

Please list all types of aid that you/your family qualifies for and receives (i.e. State or Federal Aid, food stamps, free/reduced lunch, etc.): _____

Any other information that we should take into consideration: _____

I certify that the above listed information is correct. If any information is determined to be false, I understand that my application for scholarship will be terminated: _____

Applicant's Signature _____

Date _____