



2020 -2021 SCHOLARSHIP APPLICATION

*This application is for the period of August 31, 2020 through June 30, 2021 only.
Re-application must be made for each year of enrollment.*

Child's Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____

Phone: _____ Email: _____

Parent or Guardian Employer (1): _____

Parent or Guardian Employer (2): _____

Is your child currently enrolled in Friendship Academy? _____

If so, what is their current schedule? _____

If you are starting your child in Friendship Academy or seeking to extend their schedule (if already enrolled) with scholarship support, what would be your requested schedule?

Number of **dependents**, as claimed on your income tax forms: _____

Annual Household Income: _____

Other Income: _____

Please attach a copy of your most recent income tax return.

Maximum household income: \$90,000
Additional income allowance for student and each dependent: \$15,842

This information will be kept confidential, and used solely for the determination of scholarship awards by Easterseals Scholarship Committee.