

Scholarship Guidelines

- Scholarships will be awarded to applicants and dependent household members only.
- Applicants must supply Alive documentation of the following information or current participation in at **least TWO of the following** programs at the time of application:
 - Public Aid: AFDC, LINK, Food Stamps, unemployment benefits, social security benefits
 - Free/Reduced School Lunch Program
 - Subsidized Housing
 - Three most recent pay stubs or last year's W2
 - Documentation of excessive medical bills or other unusual financial burden.

All scholarship applicants will be seriously considered whether they meet the above conditions or not. Please do not hesitate to apply even if you do not fit the above conditions.

- Scholarships will be issued for one year. An applicant must reapply at the end of each calendar year in order to be considered for future scholarships. All scholarships expire 12/31 of the current year if not otherwise stated.
- All requests for scholarship must be received a minimum of 2 weeks prior to the start of any requested program/activity. Upon completion of the application Alive will notify the applicant within 2 weeks of their scholarship status. Alive reserves the right to approve full funding or deny an applicant's request.
- All information on the application must be true and accurate. Applicants may be required to provide proof of dependents and may be required to provide additional financial information. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant. The submittal of false information will nullify any request for waiver of program fees.
- Limit is \$100.00 per individual, per month and \$250.00 per family, per month. This policy is subject to change at any time. A maximum of 20% per class and workshops will be reserved for scholarship recipients.



Confidential Scholarship Application

Date: _____

INSTRUCTIONS: Please return the application and documentation to
Alive, 500 West 5th Ave., Naperville, IL 60564
or e-mail to info@alivenaperville.com
Attn: Scholarship Committee

Applicant Information: (please print)

Applicants Name: _____

Home Address: _____

_____, Illinois Zip: _____

E-Mail: _____ Phone: _____

Applicants must supply Alive documentation of the following information or current participation in **at least TWO of the following** programs at the time of application:

- Public Aid: AFDC, LINK, Food Stamps, unemployment benefits, social security benefits
- Free/Reduced School Lunch Program
- Subsidized Housing
- Three most recent pay stubs
- Documentation of excessive medical bills or other unusual financial burden.

Please list all other family members below:

First and last name	School Grade	Date of Birth	Relationship to Applicant



Confidential Scholarship Application

Date: _____

NO YES

Do you receive AFDC, LINK Food Stamps? \$_____/month

Do you receive unemployment benefits? \$_____/month

Do you receive social security benefits? \$_____/month

Do you receive housing subsidization? \$_____/month

Do you receive child support? \$_____/month

Are your dependents on the school free/
reduced lunch program? \$_____ District



Date: _____

Please tell us why you are asking for a scholarship:

I certify that all of the above information is true and correct and that all income has been reported. I understand that Alive employees may verify this information and that misrepresentation of the information will result in the denial of a scholarship.

Signature of applicant

Date of application

Office Use Only:

_____ **Approved for scholarship**

_____ **Declined (must include reason)** _____

Applicant notified on ____/____/____



Free or Reduced Classes/Workshops Request Form

Date: _____

Please return the request form to:

Alive, 500 West 5th Ave., Naperville, IL 60564

or e-mail to info@alivenaperville.com

Attn: Scholarship Committee

This form is to be completed by scholarship recipients who are looking to register for a class or workshop at The Alive Center and a reduced or free rate. Please fill out the form completely. You will be notified ASAP whether you and/or your dependent have been accepted into the class, workshop or event at the rate you are requesting.

Please be aware that the limit is \$100.00 per individual, per month and \$250.00 per family, per month. This policy is subject to change at any time. A maximum of 20% per class, workshop and event will be reserved for scholarship recipients.

Your Name: _____ Cell Phone: _____

Name and ages of person(s) attending the class or workshop:

Type of activity (circle one): CLASS WORKSHOP EVENT

Name of class, workshop or event you are applying for: _____

Date of Activity: _____ Time of Activity:

Circle whether you are requesting a free or reduced rate: FREE REDUCED (50%)

How should we contact you? _____



Office Use Only:

_____ **Approved for class or workshop**

_____ **Declined (must include reason)** _____

Applicant notified on _____ / _____ / _____