LSEP Scholarship Application

Please fill out this application and send the completed form to [latinsummer@colorado.edu](mailto:latinsummer@colorado.edu) or to Sandra Crowell at this address:

Attn: Sandra Crowell

Department of Classics

248 UCB

University of Colorado Boulder

Boulder, CO 80309-0248

STUDENT INFORMATION

Child Name:

Child Age:

Child School:

Parent/Guardian Name:

Address:

Phone Number:

Email Address (if applicable):

ECONOMIC INFORMATION

Is your child on a free/reduced lunch plan at school? Yes No N/A

Do you qualify for Medicaid? Yes No N/A

Do you qualify for CHP+? Yes No N/A

Number of dependents:

Ages of dependents:

Gross Monthly Combined Family Income (all sources): $

Do you receive child support? Yes No

Amount: $

How much are you able to contribute toward the cost of camp?

Amount: $

PARENT/STUDENT STATEMENT

Please describe the unique circumstances that would support your request for a scholarship including your monthly living costs and any additional expenses (e.g., medical bills).

SIGNATURE

I understand that the Latin Summer Enrichment Program provides scholarships based on true financial need. I affirm that my financial disclosure is accurate and that my request for a scholarship is valid.

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Parent/Guardian Signature Date