



HAVE YOU INCLUDED THE FOLLOWING?

- ◇ **COMPLETE APPLICATION**
- ◇ **DSS PAPERWORK OR SCREEN SHOT CONFIRMING SCREENING COMPLETION**
- ◇ **2023/24 COPY OF FREE/REDUCED LUNCH LETTER or 2023 TAX RETURN PG 1 ~
*PLS WHITE OUT DATE OF BIRTH AND SS#***
- ◇ **NARRATIVE OUTLINING YOUR CIRCUMSTANCE**

Note: Scholarships will not be considered without all of the above. Email to dpendel@scopeonline.us or sscatoni@scopeonline.us or fax to 631-881-9672



SCOPE Education Services SCHOLARSHIP APPLICATION

Child's Name: _____ Parent/Guardian's Name: _____
Requested start date and school year: _____ District: _____ School: _____
Day Time Phone #: _____ Session Requested (Circle One) AM or PM or BOTH

Street: _____ Town: _____ Zip: _____

Is your child currently enrolled in a SCOPE Child Care Program: YES or NO

If yes, please provide Account # _____

Are you reapplying for a SCOPE Scholarship?

If yes, please provide total scholarship award: \$ _____ Scholarship School Year _____

Amount of Scholarship Requested: 100% 75% 50% 25%

1. All scholarship applicants **must** go through screening process for Department of Social Services eligibility. If you **have applied** for funding, please provide your current status and casework. Attach supporting documentation.
Status: _____ Case Worker Name: _____ Case # if available: _____

If you **have not** applied, please follow link and complete. hs.ocfs.ny.gov/CCAPeligibility/. You can also contact the Department of Social Services directly at 631-854-3349 (Suffolk County) or 516-227-7976 (Nassau County).

This screening tool allows parents and caretakers to see if they qualify for low or no cost childcare. The questionnaire will take 10 minutes to complete. **You must include screenshot of completion of questionnaire indicating your eligibility.** If this prompts you that you may be eligible, you will need to follow up to determine your qualification for any potential funding.

2. All scholarship applicants are required to apply to Free/Reduced Lunch Program prior to scholarship consideration. *This is not Universal Free Lunch, it is need-based.* If eligible, this may entitle you to a SCOPE tuition reduction.

Have you been approved for Free or Reduced Lunch Program (Please Circle One): Yes or No

If yes, please attach approval documentation from current school year.

If you have not applied, please contact your child's home school to obtain the required application. You can also send us a copy of the first page of your 2022 Tax Return form which shows your dependents and Adjusted Gross Income. We follow the same federal guidelines in order to determine eligibility. **If you choose to send this in, PLEASE BE SURE TO WHITE OUT ANY SENSITIVE INFORMATION INCLUDING DATE OF BIRTH AND SOCIAL SECURITY #'s.**

3. A brief explanation of need for SCOPE Scholarship must be included and submitted with this application. All information will remain confidential. Scholarships are limited and will be awarded on an as-needed basis for children enrolled in a SCOPE Student Service Program.

4. Email completed application to: dpendel@scopeonline.us or sscatoni@scopeonline.us or fax to 631-881-9672

My signature below verifies this information to be true and accurate.

Parent/Guardian: _____ Date: _____

DO NOT WRITE BELOW THIS LINE (To Be Completed by SCOPE Administration)

Application: Approved _____ Denied _____ Amount \$: _____

Date: _____

Director of Student Services