



City of Cambridge Department of Human Service Programs  
Cambridge Youth Programs  
**Summer Program Scholarship Application**

**I would like to apply for financial aid for my child to attend the following program:** (please select one)

- |   |   |
|---|---|
| <input type="checkbox"/> Sports Leadership Program @ Moses<br>Formerly Area IV (617) 349-6262 | <input type="checkbox"/> Girls' Empowerment Program @ Frisoli (617) 349-6312  |
| <input type="checkbox"/> Discovery Program @ Russell<br>(617) 349-6314                        | <input type="checkbox"/> Boys' Empowerment @ Frisoli (617) 349-6312   |
|   | <input type="checkbox"/> Mission Possible: Solve It! @ Moore (617) 349-6273   |
|   | <input type="checkbox"/> Middle School Summer Program (Rising 6 <sup>th</sup> -8 <sup>th</sup> grades) @ Gately<br>(617) 349-6277 |

**Child's Information:**

_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Age</b>

**Household Information:**

Please provide the following information for all members of your household

Names and ages of all household members	Relationship to Child	Monthly earnings from work (before deductions)	Monthly welfare, child support, Alimony	Monthly payments from Social Security, Pensions, Retirement	Monthly earnings from other sources

**Is this child a FOSTER CHILD?** ☐ Yes ☐ No If YES, what is the child's monthly personal use income? \$\_\_\_\_\_

**Are you receiving FOOD STAMPS or TANF benefits?** ☐ Yes, only Food Stamps ☐ Yes, Both  
If YES, please provide Case number for each benefit received \_\_\_\_\_ TANF \_\_\_\_\_ Food Stamps

**Is your child eligible for FREE or REDUCED lunch?** ☐ Yes ☐ No

**Tuition for CYP summer programs is \$150/wk. How much are you prepared to contribute weekly?** \$\_\_\_\_\_

*Note: Middle School Students enrolled in CPSD Summer Math Program for the morning will pay \$75/wk.*

*I certify that the above information is true and correct, and that all household income is reported.*

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Please provide documentation of the above stated facts. Applications will not be accepted without it.**

- Two paystubs dated within the last 30 days
- TANF or Food Stamp verification
- Free/Reduced lunch verification
- Foster Child verification

**DEADLINE for SCHOLARSHIP APPLICATIONS**  
**May 26, 2017**

**For Office Use Only:**

Total Monthly Income _____	Household Size _____	Date Received _____	Amount Granted \$ _____
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