

## **Cambridge Community Activities Program**

### Scholarship Program

**Purpose:** The Cambridge CAP believes in providing services and programs to all who wish to participate, regardless of financial status. The CAP will attempt to provide opportunities for persons with financial hardship.

**Eligibility:** Applicants must live in the School District of Cambridge and must complete a scholarship application form. The applicant is determined to be eligible for financial assistance if the household income is at or between the amounts on the table below or if other individual circumstances are approved by the CAP Director/Board. Verification of income may be requested.

*The table indicates percentage of funding the participant will receive based on annual household income.*

<b>Household Size</b>	<b>100% Funding</b>	<b>75% Funding</b>	<b>50% Funding</b>	<b>25% Funding</b>
1	\$12,000	\$14,000	\$16,000	\$18,000
2	\$16,000	\$18,000	\$20,000	\$22,000
3	\$18,000	\$20,000	\$22,000	\$24,000
4	\$22,000	\$24,000	\$26,000	\$28,000
5	\$26,000	\$28,000	\$30,000	\$35,000
6	\$30,000	\$32,000	\$36,000	\$40,000
7	\$34,000	\$36,000	\$40,000	\$45,000
8	\$38,000	\$40,000	\$45,000	\$50,000

**Policy:** A program fee may be waived or reduced; however, some programs are exempt from the reduction in fees such as adult leagues and trips. The maximum funding per child per year is \$120.00 with a maximum per household of \$600. All persons living at the same address, who are directly related, are legal dependents of the applicants, or are foster children, define a household. If additional funding is needed beyond what the CAP can provide applicants will be directed to a community service club or will have the option to set up a payment plan with the CAP.

**Application Guidelines:** Application form must be updated every 12 months. All information on the application must be true and accurate – all information will be kept confidential. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify your request for future scholarships. All applicants are treated equal – no applicant will be discriminated because of age, race, color, sex, national origin, or disability.

**Cambridge CAP**  
**Scholarship Program – Application Form**

Name of Applicant: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do your children receive reduced or free school lunches?  Reduced  Free

List all household Members:

First and Last Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer of Spouse: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Yearly Household Income \_\_\_\_\_

My signature on this form indicates that all of the above information is true and accurate.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Date Application Received _____ Received By _____ Scholarship Approval _____ Comments _____ _____
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