



School Scholarship Application

School Name: _____

Contact Name: _____

School Address: _____

Phone: _____

District: _____ County: _____

Is this school eligible for Title One funding? Yes No

Percentage of school population eligible for the federal free lunch program: _____

Reason for requesting scholarship: _____

Request: (pick one) 25% 50% fee waiver

*Due to our SCFD funding sources, we prioritize Jefferson, Douglas, and Arapahoe counties although we do award scholarships to other counties.

