



San Ramon Valley Education Foundation

Imagineering Scholarship Program Financial Assistance - Confidential Application Form

For Alamo, Danville and San Ramon Residents Only

Today's Date: _____

1. What Imagineering Class are you requesting funding? Please indicate Date, Location and Name of Class.

Date _____ **Location** _____ **Class Name** _____

2. Amount of funding requested \$ _____ (minimum of 10% of registration fee to be paid online with registration)

3. Participant's Name: _____ Age: _____ Grade: _____

4. Address: _____

5. Primary Parent/Guardian Name: _____

6. Email Address: _____

7. Home Phone: _____ Work Phone _____

8. Place of Employment: _____

9. Family Size: _____ Names of entire Household:

Name: _____ Age (if under 18): _____ Relationship to Applicant

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10. Proof of one of the following programs (please check box(es) that apply):

- Medicaid
- WIC (Women, Infants, and Children)
- Free/Reduced Price School Meals

11. Has your child received SRVEF scholarship funding before? ____ Yes ____ No

If Yes, When: _____ Amount \$ _____

12. Comments or additional information you wish to add:

I certify that all statements on this application are true and correct. I understand that false or incorrect statements shall be sufficient cause for disqualification of request.

Signature Date

All applications must be mailed with all documentation required by the required deadline date to the Attention of: Karen Robman, SRVEF Imagineering, 3280 Crow Canyon Rd., San Ramon, CA 94583 or emailed to karen@srvef.org For more information, please contact Karen Robman at karen@srvef.org. Applications will not be accepted without a copy of all required documentation.

FOR OFFICE USE ONLY

Proof of Low Income Program: _____

Residency Verified: _____

Activity Availability Verified: _____

Scholarship Awarded: _____

Amount Awarded: _____

-or-

Reason for Denial:

Approved by Program Manager: Signature Date

Approved by Executive Director: Signature Date