



Date Received: _____ Time: _____ Staff Initials: _____
Paystubs on File _____ Proof of Unemployment _____ Proof of Free/Reduced Lunch _____ Other: _____
Approved _____ Denied _____
Parent Pays: \$ _____ ESD Pays: \$ _____ Start Date: _____ Withdrawn: _____

Denton ISD Extended School Day Program Scholarship Request Form

Please fill out this form and submit it to: extendedschoolday@dentonisd.org
or

Extended School Day Program
1400 Malone St., Portable 53
Denton, TX 76201

This form must be completely filled out. Any supporting documents must be received before we review your request.

Child/Children's Name(s): _____

School: _____ Grade: _____

Does your child qualify for Free/Reduced Lunch? Yes _____ No _____

(This office must receive proof of Free/Reduced Lunch before your application can be reviewed.) ***You may contact the Child Nutrition department at 940.369.0270 to apply for Free/Reduced Lunch.***

Parent/Guardian: _____

Address: _____ City: _____ ZIP _____

Daytime Phone: _____ Evening Phone: _____

Married, Head of Household _____ Single, Head of Household _____

of children living in home _____

of children needing scholarship _____

of adults living in home _____

Are you employed? Yes _____ No _____

We will need you to verify your employment status. Please tell us where you Work:

_____ Phone #: _____

Supervisor: _____

By signing below I agree to furnish documentation for work (4 weeks of pay stubs), free/reduced lunch and/or unemployment information for the ESD office throughout the year. I am also aware that if my household income changes during the school year, I must inform the office. Failure to do this will nullify the scholarship for my child. I give DISD permission to confirm my place of employment and Free/Reduced Lunch status throughout the year.

Signature

Date

Scholarships will be awarded to those families who are most in need. Scholarship funds are limited; therefore, application does not guarantee a scholarship will be awarded to your family. You will be asked to submit financial documentation proving need. Applications will be kept on file for the current school year only.

Please Note: You must also fill out page 3 of this form to be considered for scholarship.

**Please summarize why a scholarship is needed for a child in your household.
Please include other attachments as necessary.**

Date: _____

Please submit this form to extendedschoolday@dentonisd.org