



[Note: Scholarships are awarded based on economic need as determined by the USDA reduced meal guidelines and other extenuating circumstances (e.g. medical bills). Students/parents will be expected to make some contribution toward their fees.]

- College for Kids** Return this application with your College for Kids registration form no later than **May 13**.
- Wizarding Academy** Return this application with your Wizarding Academy registration form no later than **June 29**.
- World Languages Academy** Return this application with your World Languages registration form no later than **May 13**.

**1. Please complete all questions and fill in all blanks.**  
**2. Call the Continuing Education Office if you have any questions about the scholarship procedure. 715-261-6309**

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Daytime)

I / We are requesting scholarship funds for the following children:

Child's Name:	08-09 School Grade
_____	_____
_____	_____
_____	_____

**FOR OFFICE USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many adults are in the family? \_\_\_\_\_

What is the total number of dependent children? \_\_\_\_\_

Do you qualify for free school lunch? [ ] YES [ ] NO

Do you qualify for reduced school lunch? [ ] YES [ ] NO

If you answered NO to the above questions, describe the reasons you are requesting financial aid. List extenuating circumstances (such as job loss, large medical bills). This will aid us in determining your financial need for a scholarship.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (add additional sheet if needed)

Your adjusted gross family income (from your 2008 Federal Tax form) \$ \_\_\_\_\_

Return this with your registration form to:  
**UWMC Continuing Education**  
**518 S 7th Ave – Wausau WI 54401**