



Reed Hollett Scholarship Application

Instructions

1. Carefully read and fill out this form to apply for the Reed Hollett Enrichment Scholarship.
2. Email your completed form and supporting materials to summercamp@aceraschool.org **no later than 3 weeks before** the start date of your child's first intended class or camp.

Overview

Acera seeks to nurture students' curiosity, especially in STEAM fields - Science, Technology, Engineering, Arts, and Math - and leadership. The Reed Hollett Scholarship Program is aimed at increasing our inclusion of low-income students in our programs.

The purpose of this application is to provide an opportunity for you to paint a full picture of your child(ren)'s eligibility for the Reed Hollett Scholarship. We consider family size, income, and other circumstances when we award scholarship funding. Acera cannot guarantee scholarships. You may complete one application for your family. Our financial aid committee will only review complete applications, and we encourage you to reach out to summercamp@aceraschool.org if you have any questions. We look forward to hearing from you!

Section 1 : Family Information

1. Child information: Please list all children in your family, even if they are not age-eligible for programming or planning to attend an Acera Enrichment Program.

Child's Name	Birthdate	Current School/daycare	Grade

2. Parent/Guardian information

Parent/Guardian name	Relationship to child(ren)	Mailing Address	Occupation

Section 2 : Program Choice

In each calendar year, fully qualifying families *may* be awarded, but are not guaranteed, a maximum of:

- Two week-long, half day Summer camp sessions per child (a full week of camp)
- OR One week-long, full day Summer camp session per child (a full week of camp)
- OR Eight single-day, half day February or April camp sessions per child (a full week of camp)
- OR Two trimester-long after school classes per child
- OR some equivalent combination of the above options

3. Please list below the program(s) your child would like to attend if awarded a scholarship.

Child's name	Term (after school, Feb/April, Summer)	Start Date	Class Title

4. Has your camper attended an Acera program in the past? **YES NO**
 If yes, please specify term and year:

5. How did you hear about Acera? If you were referred, please include the name of the person or organization that referred you.

Section 3 : Student Eligibility

The Reed Hollett Scholarship is intended to increase access to our programs for low-income students.

6. How does the applicant identify their race/ethnicity? Please check ALL that apply.
- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Latino/Latina/Latinx
<input type="checkbox"/> Hispanic | <input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Other: _____ |
|---|---|

7. In a few sentences, describe what makes the applicant(s) eligible to receive this scholarship.

8. How will Acera's programs benefit the applicant(s)?

9. What is your family's total monthly **income**? If this varies across months, average the monthly total across the year. ***Include take-home pay after taxes, deductions, alimony, child support, etc.*

monthly **income** = \$ _____

10. What are your family's total monthly **expenses**? ***Include whether you own or rent your residence, your mortgage or rent payment, utilities, vehicle, medical, and any additional significant expenses.*

monthly **expenses** = \$ _____

11. Based on the answers to the questions above, what is your family's monthly net income?

income \$ _____
minus **expenses** \$ _____
= **net income** \$ _____

12. How many family members receive total support from this income? _____

13. Do you receive government subsidies? **YES** **NO** If yes, please specify.

14. *Optional.* Please help us fully understand your family's financial situation. Are there special circumstances you would like us to consider?

Section 4 : Application Supporting Materials

15. In order to be considered for this scholarship, please submit one of the following supporting materials. Please check one of the boxes below and include the relevant information or materials.

OPTION 1 - FINANCIAL DOCUMENTS. I will attach my most recent tax return AND a recent pay stub to this completed application.

OR

OPTION 2 - REFERRAL. There is an agency, school staff person, community member, or organization that can speak to our family’s qualification for the scholarship.

16. Only complete this section if you selected **OPTION 2 - REFERRAL** above.

Name of referring organization	
Contact person’s name	
Relationship to family	
Format of referral	Check ONE: <input type="checkbox"/> I am attaching a referral letter with this application <input type="checkbox"/> The referring organization will send a referral letter to summercamp@aceraschool.org <input type="checkbox"/> I would like Acera’s financial aid committee to contact the referring organization at this email OR phone number: _____

SIGNATURE REQUIRED: I certify that, to the best of my knowledge, the information I have provided is truthful, accurate, and complete. Acera reserves the right to ask for more information or further explanation about my scholarship application.

X _____

DATE _____