



A Sandy Springs & Dunwoody After School Tradition

AFTER SCHOOL PROGRAM SCHOLARSHIP ASSISTANCE GUIDELINES

Scholarship Tuition Rate: \$30 Weekly

Regular Tuition Rate: \$65 Weekly

1. The Healthy Youth U.S.A Scholarship fund is limited to Sandy Springs and Dunwoody City Residents. Applicants must show proof of residency in the form of Driver's License I.D Card, or utility bill.
2. Eligible age: Youth ages 5 - 12 years of age.
3. Additional information or income verification may be requested to process the application.
4. Late fees are not covered by scholarships.
5. All recipients must pay tuition balance owed by due date in order to keep scholarship status.

HOW TO COMPLETE THE APPLICATION

- Complete application in its entirety, including signature.
- If you are receiving any kind of financial government assistance, please indicate this on the application.
- Return application with a After School Club Registration form to Healthy Youth U.S.A, 5676 Roberts Drive, Dunwoody GA 30328
- Please note that submitting an application does not confirm your enrollment into the program or guarantee a scholarship.
- The applicant will be contacted within 5 working days of submitting the application regarding approval of this scholarship request. Please be advised that delay in submitting this application could result in the applicant not getting into the After School Program. Please Call or email us for any additional questions: Healthy Youth U.S.A 5676 Roberts Drive, Dunwoody GA 30328
Phone: 770.896.5595 Email: info@healthyyouthusa.com

HEALTHY YOUTH Est. **USA** 2004

A Sandy Springs & Dunwoody After School Tradition

All Scholarship assistance is provided by our Partner Global Health Ministries

Circle Seasons: **Fall** Aug – Dec **Winter** Jan – May **Summer** May – Aug

Email: _____ **Phone Number:** _____

Students Name: 1st child _____ 2nd child _____

Parents Name: _____
First Name **Last Name**

Address: _____
Street **City** **Zip**

Applicant Relationship to participant: Parent Guardian Other: _____

Have you enrolled in our scholarship program in the past? **Yes** **No**

Does your child receive free or reduced lunch? **Yes** **No**

If Yes, Verification from school must be attached

Is Social Security income your family's only source of income? **Yes** **No**

What is your family annual gross income (*before expenses and taxes*) \$ _____

How many individuals in your family (including yourself) are supported by your income? _____

Please state the circumstances that you feel qualify you for this scholarship:

Monthly Income	Parent 1	Parent 2
Net Income from Self Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Public Assistance /Welfare	\$ _____	\$ _____
Unemployment / Disability	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Alimony and /or child support	\$ _____	\$ _____
Other (i.e. rentals, royalties, etc.)	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____
TOTAL OF BOTH PARENTS	\$ _____	\$ _____

I verify that the above information is correct:

Signature _____ **Date:** _____