



S.T.A.R. CENTERS APPLICATION FOR SCHOLARSHIP/SUBSIDY

NOVA YEAR: _____

Child's Name: _____ **Star Site:** _____

GUARDIAN 1		
Name: _____	SSN. _____	D.L. # _____
Home Address _____	Phone Number _____	
Make & Year of Car _____	License Plate # _____	
Employment _____	Position _____	
Work Address _____	Phone Number _____	
Supervisor's Name _____	Phone Number _____	
*Gross Income	Per Week	Per Month
GUARDIAN 2		
Name: _____	SSN. _____	D.L. # _____
Home Address _____	Phone Number _____	
Make & Year of Car _____	License Plate # _____	
Employment _____	Position _____	
Work Address _____	Phone Number _____	
Supervisor's Name _____	Phone Number _____	
*Gross Income	Per Week	Per Month
OTHER PERSONS LIVING IN THE HOME		
ANNUAL INCOME _____	ANNUAL INCOME _____	
ADDITIONAL INCOME		
Rental Property : _____	Child Support: _____	Alimony _____ Welfare _____
Total Number of Children Under 18 Living Home		
Children Name	Age	Grade
POLICIES		

I/We understand that I am/we are responsible for the following conditions:

***EACH PERSON ON THIS FORM, MUST TURN IN COPIES OF LAST TWO CHECK STUBS, RECENT INCOME TAX (Federal and Statal) AND W-2 FORMS**

1. The one time \$15.00 registration fee for each child must be paid regardless of eligibility for scholarship/subsidy.
2. I/We will be responsible for the full amount until the scholarship is approved.
3. I am/We are liable and will pay all fines and late fees stipulated in the contract.
4. Subsidized parents will pay the full scholarship fee for partial weeks attendance.

** Please attach child custody & support documentation.

** If divorced, please attach court documentation in showing alimony/child support arrangements.

** The Scholarship/subsidy may be reviewed periodically throughout the school year.

S.T.A.R. Has contracted the services of a company that verifies the information. By signing this contract I hereby grant permission to forward the above information for verification. All information on any of these forms is strictly confidential, and will be used only for the intended purposes.

Signature of Parent/Guardian _____

Date: _____