



a WISCONSIN YOUTH COMPANY program

## Tuition Assistance School Year Programs

**The AFTER SCHOOL tuition assistance fund available through the Wisconsin Youth Company is limited and intended to provide short-term assistance to families for whom the cost is prohibitive.**

If a child is eligible for **free** meals, the family may qualify for a 50% scholarship toward applicable fees. If a child is eligible for **reduced** priced meals, a family may qualify for a 25% scholarship toward applicable fees. Should a child's attendance schedule change at any time during the semester or period for which a scholarship has been granted, additional scholarship support will be subject to renewed approval. The annual registration fee, all day programs, and late fees are not covered by Tuition Assistance.

If the applicant qualifies, and there are sufficient funds available, the applicant will be notified as soon as the application process is completed. Subject to qualification, scholarship funds are distributed on a first-come, first-serve basis.

The completed application and signed eligibility statement should be returned to:

AFTER SCHOOL  
1201 McKenna Blvd.  
Madison, WI 53719

or

AFTER SCHOOL  
1800 Dolphin Drive, Suite 200  
Waukesha, WI 53186

If you have any questions regarding this application please contact the Administrative Office at 608-276-9782.



## Tuition Assistance Application

The tuition assistance fund available through AFTER SCHOOL is very limited and intended to provide partial short-term assistance to families for whom the cost of tuition is prohibitive. **Continued assistance beyond one semester is not anticipated.**

Date \_\_\_\_\_ Semester request for:  Fall  Spring

Child's name \_\_\_\_\_

Parent's (Guardian) name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone # \_\_\_\_\_

School child attends \_\_\_\_\_ Grade \_\_\_\_\_

Program child will attend:

Before School BOOST or Club     After School – BOOST     After School – Club     Kindergarten Wrap

Days per week child will attend:

1                       2                       3                       4                       5

Documentation of eligibility. The attached statement affirms my child's current eligibility for

reduced meal                       free meal

I certify that this information is correct and complete to the best of my knowledge. I have contacted city or county day care assistance programs and although I qualify for assistance, none is currently available to me.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Office Use Only

\_\_\_\_\_  
Approved                      \_\_\_\_\_ Date                      \_\_\_\_\_ Amount of Funding

\_\_\_\_\_  
Date Received



## Reduced/Free Meals Eligibility Statement

I, \_\_\_\_\_, request verification of  
Parent's full name – Please print

\_\_\_\_\_ 's current eligibility for the  
Student's full name – Please print

free /  reduced meals program through his/her school.

\_\_\_\_\_  
School student attends

I hereby authorize the \_\_\_\_\_ School District to release this information to Wisconsin Youth Company. This authorization is valid for only one year from the date signed. (see below).

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date Signed

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**This part must be completed by a representative at your student's school.**

For School Use Only

Date \_\_\_\_\_

The student named above:

is eligible for reduced meals

is eligible for free meals

\_\_\_\_\_  
School stamp or signature & title of school representative

\_\_\_\_\_  
Printed name of representative