



Payette Lakes Community Association After School Scholarships

PLCA 4 Kids is proud to offer Program Scholarships to qualifying youth participants within our community. This scholarship program is designed to help meet the needs of families within the community to access after school care, enrichment programs and activities at a reduced rate. These scholarships are made possible by a variety of grants.

The amount is limited. First come first serve.

Who can apply?

A PLCA Program Scholarship is available to youth grades K through 5th. A scholarship application must be submitted by the parent or legal guardian of the child.

Where can I receive a PLCA Program Scholarship application?

Applications can be found online at PLCA4kids.org or requested by calling (208) 696-4204.

How often do I need to apply?

Scholarships are good for one (1) calendar year, August- June. All scholarships expire June 30th each year. A new application and supporting documents must be submitted each year. If your total household income increases during the scholarship period, you are responsible for contacting PLCA the change and you may be asked to submit a new application and/or supporting documents.

When should I apply?

Please submit applications at least two (2) weeks in advance of the desired program start date.

What information do I need to submit?

- A completed and signed scholarship application
- Proof of income in the form of last year's tax returns, W-2's, or two (2) recent pay statements
- Any additional information that may be requested by the program scholarship administrator

How do I submit the application?

Applications can be submitted via email, mail or in person:

Email: plca4kids@gmail.com

Mail: Payette Lakes Community Association - PLCA
P.O. Box 1118
McCall, Idaho 83638

In Person: At Barbara R. Morgan Cafeteria 2:45 pm -5:30 pm on school days.
125 North Samson Trail, McCall, ID 83638

How much can I be approved for?

Youth participants are eligible to be approved for a percentage award based on income, up to \$700 per year, per participant.

What if I have questions?

Email or telephone are all acceptable ways to ask questions.

Email: plca4kids@gmail.com

Phone: (208) 696-4204



Payette Lakes Community Association PLCA 4 KIDS YOUTH SCHOLARSHIP REQUEST FORM

To be eligible for a scholarship, this form must be submitted and approved by the Scholarship Administrator prior to registering for classes. Scholarships are not retroactive.
Please submit your application at least two (2) weeks prior to the class/activity start date.

<u>Family Name:</u>	<u>Day Phone:</u>	<u>Evening Phone:</u>
<u>E-mail:</u>	<u>Address:</u>	
<u>City and Zip:</u>		
<u>Name of person requesting scholarship:</u>		
<u>Day Phone:</u>	<u>Email:</u>	
<u>How many people in your household are you financially responsible for (include self):</u>		

Please mark your annual household gross income bracket (includes wages, child support, welfare, alimony, all other income). *If you do not fall into the income criteria brackets, please submit a letter stating why a scholarship is needed based on your circumstantial need.*

___ \$14,999 and under ___ \$15,000-\$24,999 ___ \$25,000-\$34,999 ___ \$35,000-\$44,999 ___ \$50,000 and over

Describe why your family would benefit from a scholarship: Financial and/or circumstantial hardship (i.e. - free and reduced lunch participant, homeless, family hardships, etc.)



INCOME:

PROOF OF INCOME is required with application for any member of the household who is currently employed (pay stub with pay period indicated, previous year's taxes showing adjusted gross income, proof of unemployment, etc.). Participants may receive \$700.00 per person, per fiscal year. Fiscal year begins with Fall Season.

ASSISTANCE:

Please list the TOTAL MONTHLY assistance amount received (including from food stamps, child support, Social Security, disability, cash assistance, housing assistance, and any other assistance received). If no assistance is received, please mark N/A. The City reserves the right to ask additional questions about the type, frequency, and amount of assistance/income an applicant receives.

Type of assistance/income: _____, dollar amount per month \$ _____

Type of assistance/income: _____, dollar amount per month \$ _____

Please provide each participant's name and date of birth.

PARTICIPANT'S NAME	DATE OF BIRTH	Male/ Female

SCHOLARSHIP GUIDELINES

Initials	As a recipient of PLCA After School Scholarship program, I agree to the following terms. I understand that non-compliance with the terms could result in forfeiture of future scholarship awards.
	I agree that my child(ren) will attend all of the classes for the enrolled activities, and I will notify the Scholarship Administrator of any absence or intention to withdraw. Each absence will be evaluated on a case by case basis. Any unapproved absences could result in the forfeiture of the scholarship.
	I agree to inform the Scholarship Administrator if my child(ren) will not be able to attend.

Signature of Parent/Guardian: _____ Date: _____