



**Autauga
County
Children's
Policy
Council**

For Internal Use Only

Application #: _____

Received: _____

Approved: _____

Scholarships for Children Application

Scholarships for children is a needs-based scholarship program that assists families by providing scholarships for extra-curricular activities. Extra-curricular activities are vital in a child's psychosocial development. Scholarships for Children is a development from the Autauga County Children's Policy Council. To apply for a scholarship, the child must reside in Autauga County.

PERSONAL INFORMATION:

Parent/Guardian's Name: _____

Occupation/Job: _____ Employer: _____

Parent/Guardian's Name: _____

Occupation/Job: _____ Employer: _____

Applicant (Child's) Name: _____ Date of Birth: _____

Home Address: _____

Phone Number: (____) _____ Email: _____

SCHOLARSHIP REQUEST: please select an activity from the list below in which you are requesting a scholarship for.

- Tiger Rock Karate Classes
- P'zazz Art Classes
- Dance Classes
- Boy Scouts of America
- Girl Scouts of America
- Dixie Youth League
- Field Trip/Other extracurricular: _____

I can afford to pay \$_____ Monthly Weekly (choose one) towards my child's tuition.

Do you have adequate transportation? (circle one) Yes No

Entity that is hosting/sponsoring the activity: _____
(An invoice from the host/sponsor entity will be required.)

STATEMENT OF NEED: _____

Do you or anyone in your household receive benefits from any of the following sources? Check all that apply.

- EBT/Food Stamps
- Medicaid
- Social Security Income
- Disability
- AFDC
- None
- Other: _____

Are you willing to sign any waivers affiliated with the activity? _____

Are you willing to allow transportation for the activity if needed? _____

REFERENCES: please provide at least 1 community reference. This reference can be a pastor, teacher or any other trusted community source.

Name: _____

Relation: _____

Phone or Email: _____

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the application may subject me to the penalties of perjury. I understand that if my child is selected for a scholarship, I am responsible for transporting the child both to and from the requested activity. I understand that if I do not attend all sessions or classes paid for by the scholarship, the scholarship may be revoked and render me inapplicable from all other scholarships sponsored by the Autauga County Children’s Policy Council in the future. I also understand that it is my financial responsibility to pay any unpaid balances that are not covered by the scholarship. I understand that I must provide ACCPC with an invoice from the entity that is hosting/sponsoring the activity and ACCPC will submit the scholarship payment directly to the entity.

Parent/Guardian Signature: _____ Date: _____

Please mail or turn your application into:
Autauga County Courthouse
ATTN: Autauga County District Judge
134 North Court Street Suite 102
Prattville, Alabama 36067

Questions?
Contact Us!
(334) 358-6820
jessica.sanders@alacourt.gov