



# THE READING GROUP

www.readinggroup.org

Date: \_\_\_\_\_

*All information remains confidential; it is shared only with  
The Reading Group Scholarship Committee and instructors  
working with the student.*

## SCHOLARSHIP APPLICATION

(TO BE COMPLETED BY THE PARENT/GUARDIAN)

Child/Applicant's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents/guardians \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

If you are the child's legal guardian, please indicate your relationship with the child:

Foster parent       Relative (please specify) \_\_\_\_\_       Other (please specify) \_\_\_\_\_

**Include at least three letters** that describe the academic and/or financial needs of the student and family, as well as any outstanding gifts the student has shown. One of these letters needs to be from a parent or guardian and two letters need to be from an educator familiar with the student's academic needs. Please return all materials with application to The Reading Group, 3011A Village Office Place, Champaign, IL 61822.

### Household members:

#### Adults

Name	Gender	Age	Relationship
1. _____			
2. _____			
3. _____			

**Children**

Name	Gender	Age	Relationship
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Do any household members listed above have a disability? Yes/No

If yes, please describe: \_\_\_\_\_

Please list gross monthly income for all adult household members. Please check appropriate box(es) and write in income amounts:

- |  |  |
|--|--|
| <input type="checkbox"/> Employment _____          | <input type="checkbox"/> Employment (second job) _____ |
| <input type="checkbox"/> Public assistance _____   | <input type="checkbox"/> Township assistance _____     |
| <input type="checkbox"/> Social Security/SSI _____ | <input type="checkbox"/> Unemployment _____            |
| <input type="checkbox"/> Child support _____       | <input type="checkbox"/> Food stamps _____             |
| <input type="checkbox"/> Other _____               |  |

Do you have a medical card? Yes/No

Please list the following information for all adults in household:

Employer/company	Address	Phone
_____		
_____		
_____		

**Application affirmation**

I certify that the above information is an accurate and complete disclosure of the requested information. I understand that any falsification of information will disqualify my eligibility for a scholarship from The Reading Group.

If my child receives a scholarship for instruction at The Reading Group, I authorize The Reading Group to notify the teacher(s) who nominated the child. I also authorize The Reading Group to notify the teacher(s) when my child has completed instruction at The Reading Group.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

# **The Reading Group**

## **Scholarship Application Checklist**

Please use this checklist to help complete the application process. The Scholarship Committee will only consider those applications that have the following components completed.

- Scholarship Application
- Scholarship Nomination
- Letter 1 (Parent/Guardian)
- Letter 2 (Educator)
- Letter 3 (Educator)
- Certification for Scholarship Consideration Form
- One of the following:
  - Page 1 of Federal Income Tax Forms / All Kids /
  - Public Aid Card / Medicaid Card / any other Proof of Income documents