



SCHOLARSHIP APPLICATION

Applications are also available at www.daydreamsfoundation.org.

ELIGIBILITY: Columbia kids age 18 and under that qualify for free or reduced lunch at school.

PLEASE NOTE: Application and letters must be received **AT LEAST TWO WEEKS** prior to when the money is due. Questions? Email daydreamsfoundation@gmail.com

Child's Name: _____
FIRST MI LAST

Date of Birth: ____ / ____ / ____ **T-shirt Size:** _____ **Gender:** M F

Address: _____
ADDRESS APT # CITY STATE ZIP CODE

Child's Nationality: Asian African American Latino(a) White/Caucasian Other

Child's School: _____ **Grade:** _____

Does child qualify for free or reduced Lunch Program at school? Yes, Free Yes, Reduced No

Parent/Guardian's Name: _____
FIRST MI LAST

Parent/Guardian's Preferred Phone: _____ **Household Size:** _____

Parent/Guardian's Email: _____

Household Income: Under \$15,000 \$15,001-\$25,000 \$25,001-\$35,000 \$35,001-\$45,000 \$45,001+

Household Type: Single Parent Two parents Grandparents/relative Foster Other

Has child ever participated in an extracurricular activity before? Yes No

If yes, please list activities: _____

For what activity is the child applying for a scholarship? _____

Would it be the child's first year participating in this activity? Yes No

Name of the team/organization/league
(i.e. to whom the **check** should be made): _____

Amount of program/scholarship requesting
(Please specify exact dollar amount): \$ _____ **Date registration fee needed by:** _____

How did you hear about us? Newspaper/TV/Radio Social media School

Coach/instructor Name: _____ Other: _____

Please list any other items the child needs in order to participate in the activity (ex. shoes, uniform, equipment). If you know the cost of the items (or if there is a specific place they need to be purchased) please list those as well:

In order for your application to be reviewed, you must submit a 250-word (minimum) letter answering the following questions (this can be submitted to daydreamsfoundation@gmail.com or mailed in):

1. Why do you think your child would benefit from the activity you are applying for a scholarship for. Be specific.
2. Have the child describe his/her dream to you. What do they want to do in the future? Why do they want to participate in the activity?
3. Tell us a little bit about your family.
4. Tell us a little bit about the child's academics. Does he/she do well in school? What is his/her favorite subject?
5. Tell us about the child's behavior at home and school.
6. Tell us a little about your family's current financial situation that led you to apply for a Day Dreams Foundation scholarship. Are you employed? Out of work? Any changes to your recent finances?

Also to be included with application:

- One letter of recommendation from a non-family member (ex. teacher, coach, counselor, caseworker, etc.)

Items that will need to be provided/shown at meeting with Day Dreams Foundation representative once preliminary application is approved:

- Copy of letter/form from the child's school indicating child qualifies for FREE lunch at school. Or you can provide proof of all family income.
- Copy of birth certificate or any form listing the child's date of birth to verify age.
- Completed registration form for the extracurricular of the child's choice.

Parent/Guardian Signature

Date

Please return application and letters to:

Day Dreams Foundation | PO Box 81 | Columbia, MO 65205 or daydreamsfoundation@gmail.com