

Child(ren) who need scholarships:

Name of child	Name of Program	Cost (Weekly cost and number of weeks)

By signing this application, I certify that the information given is true and accurate. I understand that any false information will result in my disqualification from this program.

Applicant signature: _____ Date: _____

General Release of Liability:

In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue WAMY Community Action, Inc., their employees, officers, volunteers, and agents (collectively "District") from any and all claims, including claims of the District's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity.

Please note that approval of scholarship funds does not guarantee a spot at your preferred program. Please refer to the program you have chosen to check your child's status. We review attendance logs from the programs we work with – if your child fails to attend, you may be liable for repayment of this scholarship and may become ineligible in the future. The family is responsible for any cost over and above the qualified scholarship amount.

Signature: _____ Date: _____

Printed Name: _____