



Financial Aid Application

2nd – 4th Grade Program
WCATY, UW- Madison

Wisconsin Center for Academically Talented Youth
Teacher Education, Suite 264
225 N. Mills St.
Madison, WI 53706
WCATY Fax: 608-265-4309



Instructions to the Student and Parent/Guardian:

This form is **only** for the “Growing Early Minds” Saturday program at WCATY. These students are in 2nd through 4th grade and do not qualify for the Wisconsin DPI precollege scholarships. Everyone applying for financial assistance needs to fill out “Section 1” of the form.

- A. If your family is not eligible for Free or Reduced Lunch, you will need to provide an **additional cover letter** describing any family circumstances WCATY needs to take into account regarding financial hardship.
- B. If your family is eligible for Free or Reduced Lunch with the school, “Section 2” needs to be filled out and signed by a school official.

All financial aid materials are due to the WCATY office by **January 20th, 2017**. They can either be mailed or faxed to the address or number on this form. Any questions concerning the financial aid application process can be directed to Marissa Greuel at 608-890-3260.

Section 1: Family Completes

Name Last	First	M.I.
-----------	-------	------

Street Address	City	State	Zip
----------------	------	-------	-----

Date of Birth	Preferred Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
---------------	---

Check all that apply

- American Indian or Alaska Native
- Black or African-American
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic or Latino
- White or Caucasian

Current Grade Level <input type="radio"/> 2 nd Grade <input type="radio"/> 3 rd Grade <input type="radio"/> 4 th Grade	School Attending and School District Name
--	---

Check only ONE and follow directions

I do NOT qualify for Free or Reduced Price School Meals, but would like to be considered for financial assistance.

Yearly income amount as listed on your most recent tax return: \$ _____

Number of individuals in your household: _____

Cover letter Attached: Yes No

I do qualify for Free or Reduced Price School Meals (Have school complete Section 2.)

I HEREBY AUTHORIZE that the information provided is true and accurate to the best of my knowledge.

I HEREBY AUTHORIZE release of my child’s verification of Free or Reduced Price School Meals eligibility to WCATY.

Signature of Parent/Guardian X	Date Signed
--	-------------



Section 2: School Completes

Instructions to the Principal, Food Service Authorized Representative, or Administrative Staff Member:

Please verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the WCATY contact information listed above.

Is this student eligible for Free or Reduced Price School Meals? Yes No

I have verified that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a WCATY scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
-----------------------------------	-------	--------------------

Verification Signature X	Date Signed
------------------------------------	-------------