



EVIT SUMMER SCHOOL SCHOLARSHIP APPLICATION 2017

**IMPORTANT INFORMATION | ALL FIELDS MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE REVIEWED**Please *Type* or *Print Legibly* in **Blue** or **Black Ink Only****Due by: April 28, 2017** No Exceptions will be made

All applications are processed in a "First Come, First Served" basis

TRANSPORTATION/TRANSPORTION FEES WILL NOT BE COVERED.**EVIT will notify the home high school's counselor if/when approved via email. Please allow 1-2 weeks for processing.****APPLICANT INFORMATION**

Full Legal Name:

Date of Birth:

Primary Phone:

Secondary Phone:

Current address:

City:

State:

ZIP Code:

Primary Email:

Secondary Email (optional):

Parent/Guardian Full Name:

Phone:

Parent/Guardian Full Name:

Phone:

EVIT Program for Fall 2017:

EVIT ID#:

SCHOOL INFORMATION

High School Name:

District Name:

Student High School ID #:

Grade Level Fall 2017:

Counselor's Full Name:

Counselor's Email Address:

Counselor's Phone:

Counselor guarantees completion of courses listed on form are core required credits for graduation

Signature of Counselor:

Date:

SESSION INFORMATION**Session 1:**

Transportation Needed (not provided or paid for by EVIT):

 Yes No

Summer School Course:

Summer School Course #:

 1st Course \$_____per course Online On Campus**Session 2:**

Transportation Needed (not provided/paid for by EVIT):

 Yes No

Summer School Course:

Summer School Course #:

 2nd Course \$_____per course Online On Campus**Total Scholarship Amount Requested: \$_____****SIGNATURES**

East Valley Institute of Technology will directly pay participating school districts approved Summer 2017 fees for courses needed for students to graduate and receive a high school diploma. As funds for this program are limited, students will be granted the scholarship on a first-come, first-served basis, up to one core credit per student. To guarantee timely payment, this application must be submitted by April 29, 2017.

If student fails the course or does not attend EVIT in the fall, student and/or parent will be responsible for reimbursing EVIT for all Summer School fees paid.

Signature of Student:

Date:

Signature of Parent:

Date:

EVIT REPRESENTATIVE initials:

Date Received:

 Approved Not Approved Returning Student New Student