


EVIT Summer School Scholarship Application

Student Name: _____ ID _____ Date of Birth _____
 High School and District: _____ Grade (2016/17 school year): _____
 Student Email: _____ Phone: _____

SESSION I JUNE	SESSION II JULY
Course # _____ <input type="checkbox"/> Classroom <input type="checkbox"/> Online Course Name _____ Transportation needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Course # _____ <input type="checkbox"/> Classroom <input type="checkbox"/> Online Course Name _____ Transportation needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Expectations for Achieving Success in Summer School Class/Classes

By initialing below, you are agreeing to the following:

<p>_____ I commit to attending all classes and completing the course assignment requirements when due.</p> <ul style="list-style-type: none"> • Student will be dropped from an "In the Classroom" course if absent more than 5 hours. • Student will be dropped from an "Online" course after 5 days of inactivity. <p>_____ I commit to actively participate in class and group discussions (lessons).</p> <p>_____ I commit to a strong, independent work ethic.</p> <p>_____ I will attend provided tutoring sessions as needed to successfully complete the course work.</p> <p>_____ I commit to monitoring and supporting my student's progress.</p>	
_____ Student Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date

Summer Registration Fee per session: _____ **Total scholarship amount:** _____

EVIT Program

EVIT Program you will be attending in Fall 2016: _____

East Valley Institute of Technology will directly pay participating school districts approved Summer 2016 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. To guarantee timely payment, this application must be submitted by April 29, 2016.

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.

Fee Waiver Funding Approval	OFFICIAL USE ONLY
_____ Name	_____ Date