



Scholarship Program – Sunshine Fund

Purpose: Cambridge Community Activities Program (CAP) believes in providing services and programs to all children under the age of 19 who wish to participate, regardless of financial status. CAP will attempt to provide opportunities for persons with financial hardship.

Eligibility:

- Recipients must be enrolled or reside in the School District of Cambridge
- Recipients must be under the age of 19.
- The recipient is determined to be eligible for financial assistance if the household income is at or between the amounts on the table below, if they qualify for free or reduced priced meals from the Cambridge School District, or if other individual circumstances are approved by the CAP Executive Director. Verification of income may be requested. The recipient will automatically receive 100% funding if they qualify for free meals and will receive 50% funding if they qualify for reduced priced meals.

The table indicates percentage of funding the participant will receive based on annual household income.

Household Size	100% Funding	50% Funding	Maximum Annual Household Funding
1	\$28,000	\$33,500	\$600
2	\$39,000	\$44,000	\$600
3	\$49,000	\$54,000	\$600
4	\$59,000	\$64,000	\$600
5	\$69,000	\$74,000	\$750
6	\$79,000	\$84,000	\$750
7	\$89,000	\$94,000	\$750
8	\$99,000	\$104,000	\$750

Policy: A program fee may be waived or reduced; however, some programs are exempt from the reduction in fees such as CAP CARE. CAP CARE has a separate scholarship program if needed. The maximum funding per household is based off of the household size (see chart above). All persons living at the same address, who are directly related, are legal dependents of the applicants, or are foster children, define a household. If additional funding is needed beyond what the CAP can provide applicants will be directed to a community service club or will have the option to set up a payment plan with the CAP.

Application Guidelines: Application form must be updated every 12 months. All information on the application must be true and accurate. All information will be kept confidential. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify your request for future scholarships. All applicants are treated equal. No applicant will be discriminated because of age, race, color, sex, national origin, or disability.



Scholarship Program – Sunshine Fund Application Form

Name of Parents/Guardians: _____

Address: _____

Email: _____

Phone: _____

Does your child(ren) receive reduced or free school lunches? Reduced Free No

Household Recipients	
Full Name	Birthdate

Annual Household Income: \$_____

I have read the Scholarship Program guidelines and understand the policies and criteria for eligibility. I certify that the answers given herein are thru and complete to the best of my knowledge. I agree to provide and authorize investigation of all statements contained in this application as may be necessary in arriving at a qualification decision to the Scholarship Program.

Parent/Guardian Signature: _____ Date: _____

Office use only:
Proof of Free/Reduced Priced Meal Program <input type="checkbox"/>
Date Application Received: _____ Received By: _____
Approval Date: _____ Approved By: _____