



**University of Arkansas at Monticello
Kids' University Scholarship Application**

Student's Name _____

Parent/Guardian's Name _____

Current Grade _____ School Attending _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Please complete the following:

Number of adults in home _____ Number of children in home _____

Number of adults in home employed _____

Total number of hours worked per week by all adults _____

Please check all that apply to your household:

_____ Free School Lunch _____ Medical Assistance

_____ Reduced School Lunch _____ Other (please describe) _____

Please indicate yearly family income:

_____ 0 - \$5,000 _____ \$5,001 - \$10,000 _____ \$10,001 - \$15,000

_____ \$15,001 - \$20,000 _____ \$20,001 - \$25,000 _____ other (please specify) _____

Please complete and return this application along with a registration form by noon on **Friday, June 14, 2019 to:**

UAM Kids' University
School of Education
Attn: Rebeca Newton
P. O. Box 3608
Monticello, AR 71656

Please attach proof of income OR school eligibility statement for free or reduced lunches.

For Office Use Only – Date Received _____ Approved _____ Not Approved _____