

OUTDOOR SCHOOL SCHOLARSHIP APPLICATION

Deadline for scholarship application is April 10th, 2018.

YOUR NAME: _____ PHONE: _____

CHILD'S NAME: _____

ADDRESS: _____

HOMEROOM TEACHER: _____

Please state briefly your need for the scholarship.

Did you or your child help with ODS fundraisers? (circle)

Cookie Dough Yes No

Sees Candy sale Yes No

Signed _____ Date _____

Type of scholarship needed: \$50.00 \$75.00

Jill Cone
ODS Director

Approved _____
Disapproved _____

**GLADSTONE SCHOOL DISTRICT
SHARING FREE OR REDUCED PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

Drivers' Education

WLK Athletic Registration

WLK Activity Registration

GHS Athletic Registration

GHS Activity Registration

Outdoor School Registration

JWE Activity Registration

Gladstone Teaching Preschool Registration

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

★ Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

For more information, call [add district contact information].

Return this form to: [address] by [date]

USDA and this institution are equal opportunity providers and employers.

Sharing Free or Reduced Price Information