

EVIT Summer School Scholarship Application

Student Name: _____ Date of Birth: _____ Grade (2015-16 school year): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Parent/Guardian Name: _____ Parent/Guardian Phone Number: _____

Home School: _____ School District: _____ Home High School ID#: _____

High School Counselor Signature: _____

Please list course name, session you plan to attend (example: June, July, AM or PM, etc) and whether the course is online or in the classroom:

Summer 2016 – Summer School Course(s)

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

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.

Signature of parent/guardian or adult/emancipated student: _____ Date: _____