

College for Kids Helen Sinclair Scholarship Information

The College for Kids Helen Sinclair scholarship is in honor of the first director of College for Kids, Helen Sinclair. Ms. Sinclair led College for Kids each summer for nearly 30 years. During that time, she offered a variety of academic enrichment camps for about 30,000 kids! Her dedication to the youth in our community and their families over those three decades is beyond commendable.

To qualify for a CFK Helen Sinclair scholarship*, the student's family must meet **one** of the following criteria:

- 1) Have A Golden State Advantage EBT card issued to the child's parent
OR
- 2) Child is currently receiving free or reduced lunch from their school district.

*Note: *Students who received a CFK scholarship during the 2022/2023 summer are not eligible to receive another scholarship until **two** summers have passed.*

If you believe you qualify for this scholarship, please follow the directions below to apply.

1. Print and complete the scholarship application (attached).
2. Scan to Communityed@dvc.edu as PDF or Mail the completed application, including required documents to: College for Kids, 321 Golf Club Road, Pleasant HILL, CA 94523. Completed applications must be received by our office **no later than April 8th, 2024 before 5pm. No Exceptions!** *Note: Incomplete applications will not be considered.*

Required Materials and Documentation includes: EBT card OR Award letter need to match the ID

1. Government-issued photo ID (i.e. driver's license, passport, etc.). Copy is fine when mailing.
2. A copy of **one** of the following documents (please do not send originals)
 - A copy of free-or-reduced lunch notification letter from the child's school district
OR
 - A copy of a Golden State Advantage EBT card issued to the child's parent
3. Your completed application (see next page)

Applications will be reviewed on a **first come/first served basis** and approved candidates will be contacted **VIA EMAIL**. *If you don't have an email address please make sure you provide a mobile phone.*

*Scholarships are awarded for a maximum of **two** classes per student and **four** classes per family (total of \$388). Scholarship classes may be taken in either one or both of the sessions. If the student is only registering for two classes in the same session, they **must be** scheduled **consecutively**.

Note: Scholarships exclude classes that cost more than \$97. If the class exceeds the \$97 amount, you may pay the difference.

Classes are offered Tuesday, Wednesday, and Thursday only

1ST Session June 11th-27th

Period 1 – 12:50 - 1:50pm

2nd Session July 9th – July 25th

Period 2 – 2 - 3pm

To choose classes: Go to: dvc.augusoft.net Classes are viewable starting April 2nd at 9am

Period 3 – 3:10 - 4:10pm



The Helen Sinclair Scholarship Application 2024

(One application per family)

Student Information

_____ Entering Grade _____ Campus: Pleasant Hill _____ San Ramon _____
Child's full name

Does this student have a sibling(s) applying for a College for Kids' scholarship? _____ Yes _____ No

If yes, what is their name(s)? _____ Entering Grade(s): _____

Family Information

Parent/Guardian Name(s)

Home Address (street, city, state, zip code)

_____ Email address _____ Mobile phone: _____

REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION

Government Issued photo ID (i.e. driver's license, passport, etc.)

Please check one of the following selections that apply to your family and provide required documentation:

My child is receiving free lunch at school (a copy of the notification letter from the district **must be submitted** with your application.

My family is receiving benefits from the California Department of Social Services (a copy of the EBT card **must be submitted** with your application.

If selected for a scholarship, please write down your 1st & 2nd choice for classes for your child(ren)

1st Child **Circle preferred dates:** 1st session June 11-27 or 2nd Session July 9- 25

1st Option _____ 2nd Option _____
Class Name & Time Class Name & Time

2nd Child **Circle preferred dates:** 1st session June 11-27 or 2nd Session July 9-25

1st Option _____ 2nd Option _____
Class Name & Time Class Name & Time

I certify that the above information is true and correct. _____ Date: _____
Parent/Guardian Signature

Office Use Only: Date Received: _____ Date Classes Entered: _____ Amount Gifted: _____