

8th Grade Washington DC Trip Scholarship Application

EJRP Scholarship Program Overview

The EJRP Scholarship Program is intended to help students who are experiencing financial challenge, which supports our mission area to offer affordable and accessible programs.

Funding

The EJRP Scholarship Program is funded through a combination of the EJRP Program Fund and with 10% of all fundraising activities related to the DC trip. There is a limited amount of money available for scholarship distribution for the trip. Only partial scholarships will be awarded.

EJRP Scholarship Program Parameters

- 1. Participants will be required to pay partial cost. Full scholarships are not available.
- 2. Granting of assistance is based on low-income status, family need, student interest in trip, and student willingness to contribute towards the trip.
- 3. EJRP accounts must be in good standing to be considered for a scholarship.

Process

At the time of registration, a customer applying for a scholarship MUST complete the Scholarship Application AND Program Registration Form. Upon completion of these two forms, the applicant may be enrolled (or added to the waitlist). Please call our office for assistance.

Applications will be reviewed by October 15 and Department staff will inform the applicant of the scholarship amount. Applicants will then have until October 30 to provide the 20% down payment of the total price. If payment is not received, the participant will be removed from the trip. Re-enrollment will be subject to space availability. 50% of the remaining balance will be due by December 2, and the full balance by February 3. These payments are non-refundable.

Fundraising

There are several individual and group fundraising opportunities. For those students/families who are motivated, there are many ways to earn money towards your trip. Additionally, we encourage students to reach out to friends/family/neighbors and offer services for fees – raking, babysitting, snow shoveling, etc.

Note: current contact information MUST be provided and BE ACCURATE so the applicant can be reached to discuss questions and/or the outcome of the application.



8th Grade Field Trip to Washington, DC 2025 Registration Form

All information on this form is required. Please fill it out in full

STUDENT INFORMATION

First Name	Middle Name	Last Name	
Date of Birth://_20	Country of Citizenship:		
Gender Country of Birth		SSN	
Street Address:			
City/State/Zip:			
Student Email	Home Phone	Student Cell Phone	
PARENT/GUARDIAN CONTACT I	NFORMATION		
Parent/Guardian 1 Name			
Address	City	State	Zip
Email	Home Phone	Cell Phone	
Parent/Guardian 2 Name			
Address	City	State	Zip
Email	Home Phone	Cell Phone	

WAIVER & CONSENT AGREEMENT: I am fully aware of the risk inherent and hereby give my consent of the above named applicant to participate in the program offered by Essex Junction Recreation and Parks, and agree to hold harmless the Village of Essex Junction, its employees, elected officials, or any volunteers or instructors from any and all liability from injury, claims, costs, or loss of services which might be incurred by participation in said programs, activities, or events. I hereby consent to and authorize Essex Junction Recreation and Parks the right to publish, reproduce, and use for advertising or any other purpose, any photograph, video image, audio recording, or other likeness of my child or family member. I have read this document carefully and sign it voluntarily with full knowledge of its significance.



Scholarship Application

Note: Feel free to write/type answers on a separate piece of paper(s) as you see fit. These answers are critical in helping us determine how to award scholarships. Please answer with care.

Student Name: _____

Student: Please tell us why you want to go to Washington, DC:______

Student: Please tell us what/how you plan to contribute financially towards this trip:



Parent: Please tell us why you are requesting scholarship funding to support your son/daughter to attend this trip:



"We Create Community through People,

Payment Due Date (5-business days from date contacted): _____

				MONTHLY Gross Income Worksheet	
Primary Household Contact Name			Secondary Household Contact Name	1 st monthly gross average income: \$	
			Essex Junction, Vermont 05452	2 nd monthly gross average income: \$	
Street Address			Town, State, ZIP	Monthly Disability:\$Monthly Unemployment\$Monthly Child/spousal support:\$	
Home Phone	e Phone Cell Phone		Work Phone	Monthly Social Security: \$ Monthly Pensions/Retirement: \$ Other State or Federal income/aid: \$ Other monthly income/support: \$	
Primary Household Contact's Employer		/er	Secondary Household Contact's Employer		
Employer Address Employer Address		Employer Address	TOTAL MONTHLY GROSS INCOME: \$		
				Household Number Worksheet	
Position Title	sition Title Position Title		Number of adults (19+):		
Name of Participant	Age	Activity	\$ of Scholarship Requested	Number of children (18 & under): TOTAL number in household:	
8 th Grade Trip to Washington, DC					
Please list all types of ai stamps, free/reduced lu		ur family qualifies	for and receives (i.e. State or Federal Aid, food	Are you married/civil union?NoYes	

Scholarship Application

Any other information that we should take into consideration:

Application Instructions- Complete this form in its entirety

I certify that the above listed information is correct. If any information is determined to be false, I understand that my application for scholarship will be terminated: