



Kathryn Barger, Los Angeles County Board of Supervisors, 5th District

THE CLAREMONT COLLEGES

Scholarship Application

To be considered for a scholarship, please email completed application, along with verification of financial need, to info@supportcef.com by May 22, 2023.

CEF's SLICE of Summer Scholarships are limited to current Claremont Unified School District students with demonstrated financial need. Applicants, if selected, will receive a discount of up to 80% off of the tuition rate. Scholarships are limited to one class/camp per child through the summer (all children within a family or household are eligible to apply, one application, along with verification, must be completed per child). Applicants will be notified of scholarship decisions via email by June 6, 2023.

Verification of Financial Need - all applications must include one	of the following items to be considered:		
Please select one ☐ Verification of participation in the public school free and reduced lunch program ☐ Verification of participation in the Low Income Home Energy Assistance Program (LIHEAP)			
		☐ Verification of participation in SNAP or CalFresh	
		☐ A nomination letter from a Claremont Unified School District principal or Claremont community partner organization	
Class my child is applying for (visit www.SupportCEF.com/slice for class dates, times and descriptions):			
☐ Full day SLICE of Enrichment/Fun Week:	☐ Transitioning to El Roble		
□ 1/2 day SLICE of Enrichment Week:	☐ Speech & Debate Junior Institute		
□ 1/2 day SLICE of Fun Week:	☐ Speech & Debate Middle School Institute		
☐ Musical Theatre Junior Showcase	☐ Speech & Debate Summer Institute		
☐ Musical Theatre Middle School Showcase	□ Speech & Debate Bootcamp		
□ Dungeons and Dragons Beginner	☐ College Application Essay Seminar Session:		
☐ Dungeons and Dragons Adventure	☐ IB Extended Essay Bootcamp		
☐ Swish Basketball	☐ How to Build a Balanced College List Session:		
Child's Information			
Child's Full Name:	Date of Birth:		
CUSD School Attending in 2023-24:	_ Grade Entering:		
Child's Gender: ☐ Female ☐ Male ☐ Non-Binary			
Family Information			
Parent/Guardian Name:			
Address:			
Telephone:	Email:		
Parent/Guardian Name:			
Address:			
Telephone:	Email:		
Parent/Guardian Signature			
By signing below, I am attesting that my child has demonstrated financial need and all information provided in this application, including verification of financial need, are accurate.			



Date: __