## Thank you to our Scholarship sponsors:





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



Nike Abbadessa, Real Estate Sales



## **Scholarship Application**

To be considered for a scholarship, please email completed application, along with verification of financial need, to slice-scholarships@supportcef.com by May 21, 2024.

**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 4, 2024.

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)	
☐ 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/sli	ce for class dates, times and descriptions):
☐ Slice of Summer Full-Day 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	☐ Speech & Debate Summer Institute
☐ Musical Theatre Middle School	☐ Speech & Debate Bootcamp
☐ Dungeons and Dragons for Beginners	☐ College Application Essay Seminar Session:
☐ Dungeons and Dragons Adventure	☐ Pathways to Higher Education Session:
☐ Swish Basketball Skills	☐ Your UC Application Journey
☐ Kick it up! Soccer Skills	☐ Yoga and Mindfulness
□ Color Guard	
Child's Information	
Child's Full Name:	Date of Birth:
CUSD School Attending in 2024-25:	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 demonstrate verification of financial need, are accurate.	ed financial need and all information provided in this application, including
Signature	Date:



Scholarship Questions? email: slice-scholarships@supportcef.com General SLICE Questions? Call: (909) 399-1709 or email: slice@supportcef.com