
EVIT SUMMER SCHOOL SCHOLARSHIP

Summer of 2025

✓ REQUIREMENTS :

- ☐ Student must be **enrolled and accepted** into EVIT for the Fall of 2025-2026 School Year.
- ☐ Student must **FULLY** type or legibly print the attached **Summer School Scholarship application** in Blue or Black Ink.
- ☐ **Home High School Counselor's Signature Required.** Home High School Counselor guarantees completion of courses listed on form are core required credits for graduation.
- ☐ **Student & Parent Responsibility to sign and understand:** 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.

IMPORTANT NOTICE:

- Due by: 3 pm on May 9, 2025 - **No Exceptions will be made**
- CTE will notify the home high school's counselor/designated liaison.
- Please allow **two (2) weeks** for processing after submission.
- EVIT **does not** enroll you for summer school, your home high school counseling/registration department can assist you with the enrollment process.
- Core classes only (**English, Math, Science, Social Studies**) through Chandler Online Academy (COA)

Application must be scanned to
bossert.lisa@cusd80.com

Please type "EVIT Scholarship" in the subject line;
Application must be received no later than

May 9, 2025 at 3 pm


**Summer School
Scholarship Application**
Application Deadline
May 9, 2025 by 3:00 pm

 No exceptions will be made
 Submit completed application to your school counselor.

IMPORTANT INFORMATION | ALL FIELDS MUST COMPLETED FOR APPLICATION TO BE
Please Type or Print Legibly in Blue or Black Ink only

CUSD 80-CTE will notify the Home School's Counselor if/when approved | Please allow 2 weeks for processing

APPLICANT INFORMATION

Full Legal Name:

Date of Birth:

Home Phone:

Cell Phone:

Current Address:

City:

State:

Zip Code:

Applicant Email Address:

Parent Email Address:

Parent/Guardian Full Name:

Phone:

Parent/Guardian Full Name:

Phone:

EVIT PROGRAM NAME FOR FALL 2025:

SCHOOL INFORMATION

High School Name:

District Name:

Student High School ID #

Grade Level Fall 2025:

Counselor's Full Name:

Counselor guarantees completion of courses listed on form are core required credits for graduation.

Signature of Counselor:

Date/Time Received:

SESSION INFORMATION
SESSION 1

Summer School Course Name:

Summer School Course Number:

☐ \$180.00 per course

Chandler Online Academy Only

SESSION 2

Summer School Course Name:

Summer School Course Number:

☐ \$180.00 per course

Chandler Online Academy Only

Total Scholarship Amount Requested: \$
SIGNATURES

East Valley Institute of Technology will directly pay participating school districts approved Summer 2025 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, up to one core credit per student. To guarantee timely payment, this application must be **submitted by May 9, 2025. EVIT DOES NOT ENROLL YOU FOR SUMMER SCHOOL. 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.**

Student Signature:

Date:

Parent/Guardian Signature:

Date:

CTE Representative Signature:

Date Received:

Time Received:

☐ Approved

☐ Not Approved

☐ Returning EVIT Student

☐ New EVIT Student