



**CUSD Community Education
Camp / Clinic
SCHOLARSHIP APPLICATION**

Student: _____

Home School: _____ **Grade:** _____

Parent / Guardian: _____

Hm Ph: _____ **Cell:** _____

Home Address: _____
Street

_____ City State Zip

Email: _____

School Name (where camp is to be held): _____

Camp Name: _____ **Date(s) of Camp:** _____

Required documents:

- Most recent progress or report card from CUSD school (unless new to CUSD)
- Copy of approval letter from CUSD Central Kitchen for Free/Reduced Lunch

If you need to request a duplicate letter from CUSD Central Kitchen, please contact Kathy Uhles at 480-812-7261.

Applications for Free/Reduced lunches can be completed online at:

www.cusdnutrition.com

Select Free & Reduced Application Online

Please allow 5 business days for processing.

Parent's/Guardian's Signature

Date