

APPLICATION

Stanley M. PITTMAN Scholarship Fund

In Honor of Mr. Pittman ("Mr. P")
Executive Director of Sarah Heinz House
1986-2013



Purpose:

To provide scholarship support and enable opportunity for youth and/or teen participation in Sarah Heinz House membership or additional Sarah Heinz House programs.

Eligibility

School-aged Youth and Teens who are registered or applying for SHH Membership or programs. All current SHH members must be in "good standing", or recommended by majority of Program Staff; good standing could be affected by Attendance or Disciplinary issues.

Confidentiality and Discretion Clause:

Scholarship Awards and Amounts should be kept private and confidential. This includes Scholarship Denials. If a youth participant receives (or does not receive) scholarship support, the participant and family agree to keep that information private and confidential, except for the necessary parties involved (Staff, Selection Committee, or Mr. Pittman).

Sarah Heinz House will not publicly share specific individual scholarship awards or amounts, only the summary financial figures and number of youth participants who benefit from the scholarship fund.

Coverage / Continuation

Scholarship Award to an individual may cover up to 90% of program cost to the returning member recipient (not real cost to SHH), and up to 50% of program cost to new member or nonmember applicant. In other words, a returning member family will still incur at least 10% of program cost, and a new applicant family will incur at least 50% of the cost. Program Year runs September through August. Recipients from prior program years are eligible to re-apply in subsequent program years (with no promise of renewal).

Prior recipients from same program year are eligible for renewal or continuation of scholarship within same program year, if in good standing (but not guaranteed). Possible additional member contribution or effort ("give back") may be requested on subsequent rounds of support (possible higher financial contribution by family, or additional volunteerism, "helping out", etc.).

Renewal forms for each trimester, or for remainder of Program Year, are not required. Potential for renewal/continuation of scholarship shall be based upon evaluation (including input from Program Staff) for subsequent trimester(s), or camp session(s) in that same program year (through August).

Loss of scholarship is possible, due to poor attendance, attitude, or behavior, or if unwilling to "help out" when requested; strong input and feedback will be solicited from Program Staff in these cases.

Agreed Process: Before applying, the member and family understand the guidelines written above.

Formal Application Process – Member AND Parent must complete and sign OTHER SIDE of this document, then submit directly to Front Desk or to a fulltime staff member.

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I understand all of the guidelines typed on the previous page. I also understand that that Sarah Heinz House may share information about the minor child listed on this application with Heinz House Staff and Mr. Pittman, for evaluation purposes only. Any information provided beyond Staff or Mr. Pittman will be for summary information only, will be kept confidential by staff, and will not be associated with any individual member's name. As the applicant, I am also committing that I will keep the information confidential whether or not I received a scholarship, and how much I may have received.

Child's Name: _____ Application Date: _____

Child's primary living address: _____

Child's Birthday: _____ Gender: Male Female

Parent or Guardian's Name: _____ Phone Number: _____

Parent or Guardian's E-mail address: _____

Scholarship Requested for what SHH program?

- After-school Membership After-school Extra Programs _____ (list specific program requested, such as dance, robotics, leagues, swim lessons, etc.)
- Resident Camp Preschool Day Camp Elementary-Aged Day Camp Robotics Camp

Dollar Amt. Requested _____ (be specific)

Household Income* (optional) \$ _____/yr # in Household (required) _____

Child's and/or Parents' Volunteerism & Service: _____

Why does the child want to participate in the program listed above? _____

Why should the youth participant be considered for this scholarship? _____

If more space is needed to answer these questions or provide more detail, then please attach additional page as needed.

Member Signature _____ **Parent Signature** _____

END of APPLICATION – STOP HERE----- STOP HERE ----- STOP HERE -----

FOR OFFICE USE ONLY: Division: _____ App Rec'd (date): _____ Memb. #: _____

PD Recommendation(s) _____ (y/n) Committee Review date: _____ Committee Decision: _____ (y/n, & initials)

Amt Scholarship: _____ Receipt # _____ What program? _____

Notify Family (Staff Initials & Date): _____ Voucher submitted (Staff Initials & date): _____

Add'l Staff Notes & Initials: