

**Extra-Curricular Scholarship Referral Request**

Sponsored by The Ridge Community Church

The purpose of this scholarship is to provide opportunities to Milwaukee County waiting children who may not otherwise be able to enjoy extra-curricular activities.

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| **Date:** |  | | |
| **Child’s First Name:** |  | **Child’s Age:** |  |
| **Child’s Placement Setting Type *(check applicable box)*:** | Kinship Foster Home  Foster Home Group Home  Other, please describe: | | |
| **Child’s County:** |  | ***Only children from Milwaukee County are eligible*** | |
| **Referring Worker’s Name:** |  | **Agency:** |  |
| **Email Address:** |  | **Phone:** |  |
| **Mailing Address:** |  | | |
| **Name of Person Completing Form *(if different from Referring Worker)*:** |  | | |
|  | | | |
| **Please describe the activity or item you are requesting for the child:** |  | | |
|  | | | |
| **If awarded this scholarship, are there any barriers that would prevent the child from utilizing?** |  | | |
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| **How much does the activity or item cost?** |  | | |
| **Who should the check be made payable to?** |  | | |

Internal Purposes Only

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| --- | --- |
| Date received:  Approved or Denied:  Amount Approved: | Check #:  Date disbursed: |