

Central Florida Dreamplex  
Scholarship Application for 2019 Programming

Child Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Total Household Annual Income (Before Tax): \$\_\_\_\_\_ Total Family Size: \_\_\_\_\_

Please explain any additional financial hardships that may not be apparent from your household income/size (attach additional page if necessary):

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Scholarship Requested For (Check all that apply):

Monthly Membership

Enrollment for One Class (non-membership)

Sports Clinic(s)-Circle Requested Clinic(s) 1) Flag Football 2) Basketball 3) Soccer 4) Track

Day Camp 1) Spring Break 2) Summer 3) Thanksgiving 4) Christmas Break

After-School Care

Therapy Services (Physical, Occupational, Speech)

Swim Lessons

I attest that the above information is correct and understand that I must submit proof of total household income to complete this application. I also understand that any approved scholarship will be discontinued if my child is not present for at least 75% of monthly activities or scheduled clinics in which he/she is enrolled.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Dreamplex Staff Notes: