



Scholarship Contract

I, _____, acknowledge that having a scholarship is a privilege that I must earn.

I am agreeing to be in attendance at the After School Program an average of four days a week. If I am not, I understand that my scholarship will be given to someone else that will attend regularly.

I understand that I am attending to improve academically. I will come prepared with all of my materials. I will work hard on my homework and accept tutoring assistance when needed.

If I choose to not complete my work or I behave inappropriately, I know that I am choosing not to participate in the fun activities that the After School Program offers. I agree that I should lose my scholarship if my behavior is consistently or extremely inappropriate. This will be at the discretion of the Program Director and/or Lead Teacher.

Student's Signature

Date

Parent's Signature

Date

Director's Signature

Date