



School's Out, Make It Count

ARIZONA OUT-OF-SCHOOL TIME CONFERENCE

SCHOLARSHIP REQUEST

Saturday, October 20, 2018
8am – 3:30pm
Phoenix Convention Center

MAIL OR E-MAIL COMPLETED FORM TO:
Arizona Center for Afterschool Excellence
77 E. Weldon Ave Suite 210
Phoenix, AZ 85012
info@azafterschool.org

AzCASE has limited funds available for program staff and administrators that lack the resources to attend the conference. Scholarships are awarded based on demonstration of need. Please submit your scholarship requests by **Friday, September 7, 2018.**

Name(s): _____ Date: _____
Position(s): _____
Program Name/School: _____
Address: _____ City/State/Zip _____
Phone: _____ Email: _____

The following items are required of your program in order for program staff to be eligible for a 2018 Conference Scholarship:

1. My program listed in the AzCASE Afterschool Directory: ☐
2. My program submitted the "Make It Count" pledge: ☐
3. My program has submitted an Arizona Quality Standards Assessment via the online tool (azsqat.com) in the last 12 months: ☐

Have you attended the Arizona Out-of-School Time conference in past years? (If yes, please list years):

PROGRAM DETAILS

School Year:
Days Open (check all that apply)
☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.
Hours of Operation _____
Activities Provided (check all that apply)
☐ Academic/Tutoring/Homework
☐ Arts/Culture ☐ STEM
☐ Sports/Recreation ☐ Digital Learning
☐ Life skills
☐ Community Svc/Workforce development
☐ Other: _____
Ages Served: _____
Children/Youth Served _____

Summer Program: (Leave blank if no summer program)
Days Open (check all that apply)
☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.
Hours of Operation _____
Activities Provided (check all that apply)
☐ Academic/Tutoring/Homework
☐ Arts/Culture ☐ STEM
☐ Sports/Recreation ☐ Digital Learning
☐ Life skills
☐ Community Svc/Workforce development
☐ Other: _____
Ages Served: _____
Children/Youth Served _____



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Please describe your program's primary source(s) of staff professional development:

Why are you applying for a scholarship to "School's Out, Make It Count"?:

REQUESTED ASSISTANCE

Please check all those that apply and provide estimate of cost/quantity where applicable. Assistance with hotel room expenses is only awarded to those who travel more than two and a half hours.

CHECK ALL THAT APPLY TO YOUR REQUEST:

- ☐ Conference Registration → _____ For how many people? _____
- ☐ Hotel Room (s) → _____ For how many people? _____ # Female _____ # Male _____
- ☐ Gasoline Estimated \$ _____
- ☐ Misc. Expenses (Please Itemize) _____

Please note: Individuals or organizations that are selected and choose to accept scholarship assistance will be required to sign a Memo of Understanding. The M.O.U. will indicate: 1) the dollar value of scholarship assistance, 2) the individual/organization's intent to utilize 100% of the offered scholarship, and 3) the date by which the individual/organization must provide AzCASE with a notice of cancellation in order to avoid liability for any unused registrations or scholarship funds.