

# WISCONSIN COUNCIL FOR AFFORDABLE AND RURAL HOUSING



2019

*Grants*

# WI-CARH ACADEMIC ENRICHMENT APPLICATION

The Wisconsin Council for Affordable & Rural Housing (WI-CARH) would like to encourage students in grades 3-12 to participate in academic enrichment programs and encourage academic excellence among all applicants. The WI-CARH Scholarship Committee will offer annual grants in the amount not to exceed **\$500** per student, per year, until all funds are used, to enable students to participate in an academic enrichment activity.

## **General Application Requirements and Eligibility Criteria of Applicants:**

### ■ **Status**

The Applicant must reside in a USDA Rural Development program property that is a participating member of WI-CARH at the time of the application. Preference will be given to applicants residing in apartment complexes which are members of WI-CARH. Resident applicants must submit verification from the WI-CARH member that the applicant is a resident in good standing.

### ■ **Eligible Activities**

Little League, Soccer Leagues, Basketball or Volleyball Leagues, 4H Camp; Music or Band Camp; Sports Camp; Cheerleading Camp; Girl Scout or Boy Scout Camp; International Youth Exchange Program, or to allow a student to accompany their class to a foreign country or other school sponsored trips. **These activities can be conducted during the school year and not limited to summer activities.** *\*Please note this list is not all inclusive, additional academic building opportunities will be considered.*

### ■ **\*Minimum Grade Point Recommendation (\*applies to high school applicants only)**

Recommended accumulative 2.5 grade point average (GPA) for high school applicants. Must provide evidence of grades and high school affiliation.

### ■ **Application Form**

The application form must be completed in its entirety. Incomplete applications will not be considered.

### ■ **Activity Brochure/Informational Pamphlet**

The applicant must submit a brochure or pamphlet describing information regarding the activity.

### ■ **Application Process**

WI-CARH will accept, review, and award applications as received throughout the year based on when the activity will take place. Applications should be signed by the Site Manager or Member Representative. Applications can be submitted to the Site Manager, Member Representative or to the WI-CARH office by e-mail at [info@wicarh.org](mailto:info@wicarh.org) or by mailing application to:

**WI-CARH  
PO Box 258098  
Madison, WI 53725**

## **TO BE COMPLETED BY SITE MANAGER OR MEMBER REPRESENTATIVE**

Name of Site Manager/Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Site Manager's/Representative's Signature: \_\_\_\_\_

Site Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX#: \_\_\_\_\_ E-mail: \_\_\_\_\_

# WI-CARH ACADEMIC ENRICHMENT APPLICATION

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**\*Please complete for Grades 9-12**

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name & Address of High School: \_\_\_\_\_

Date of expected HS Graduation: \_\_\_\_\_ GPA Score: \_\_\_\_\_ Activity Enrollment Deadline: \_\_\_\_\_

**Please answer ALL of the following questions:**

\*Use a separate sheet if necessary

1. Have you received any other financial assistance for this activity? (If yes, list type of assistance and dollar amount received)

\_\_\_\_\_

2. Please explain why this activity would be a great experience:

\_\_\_\_\_

\_\_\_\_\_

3. Summarize your academic achievements. (i.e., scholarships, honors, awards, etc.):

\_\_\_\_\_

4. List any extracurricular school and/or community activities in which you are/were participating. (i.e., clubs, teams, church, community service etc.)

\_\_\_\_\_

\_\_\_\_\_

5. Indicate any jobs, which you are holding or have held in the past.

\_\_\_\_\_

\_\_\_\_\_

6. What are your future academic plans?

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# WI-CARH ACADEMIC ENRICHMENT APPLICATION

**\*Please complete for Grades 3-8**

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name & Address of School: \_\_\_\_\_

Activity Enrollment Deadline: \_\_\_\_\_

## **Please answer ALL of the following questions:**

\*Use a separate sheet if necessary

1. Have you received any other financial assistance for this activity? (If yes, list type of assistance and dollar amount received)

\_\_\_\_\_

2. List any extracurricular school and/or community activities in which you are/were participating. (i.e., clubs, teams, church, community service, etc.)

\_\_\_\_\_

\_\_\_\_\_

3. Please explain why this activity would be a great experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date