



## Sun Prairie Media Center The Pam Steitz Scholarship

The Pam Steitz Scholarship Program has been established to allow all Sun Prairie children to take part in KIDS-4 and other age-appropriate Sun Prairie Media Center programs and activities.

### About the Scholarship Program:

- In 2010, Pam Steitz retired from Sun Prairie Media Center after 25 years of service. Through the years, Pam saw many changes at the station, but one thing that stood the test of time is the KIDS-4 program and the children in it. Her belief in the power of the KIDS-4 program is the foundation of the Pam Steitz Scholarship.
- In 2014, with the blessing of Pam Steitz, it was decided to broaden the scope of the Pam Steitz Scholarship to include other SPMC youth-oriented programs such as the Media Production Club and Summer Workshops.
- Only residents of the City of Sun Prairie or students enrolled in the Sun Prairie Area School District are eligible to apply for the Scholarship Program.
- Scholarships are awarded based on financial need. Income and other circumstances that cause financial hardship are considered. Income verification can be accomplished by referral from a community organization or by submitting income forms as explained on the **Scholarship Request Form**.
- Scholarship amounts and the number of scholarships awarded are dependent upon the availability of funds. Each year half of the Pam Steitz Scholarship Fund can be granted. Scholarships will be awarded on a first come, first serve basis until funds are no longer available.
- Families must re-apply for a scholarship each program year.
- **Scholarships cover 100% of the program fee.** The maximum scholarship is \$150 per year for a household. A household is defined as all persons living at the same address who are related, legal dependents of the applicant, or foster children.

### Applying for a Scholarship:

- Scholarship applications must be received two weeks before the start of the program applying for.
- Applicants will be notified about the scholarship by phone or mail.
- Upon notification, you will need to complete all paperwork for the program.

### Submit the following items all together:

1. Completed **“Scholarship Request Form”**
2. Completed **“Referral for Consideration for Fee Reduction Form”** from a professional (for example a social worker, case worker, teacher, doctor, nurse, counselor or minister, etc.) that knows your family and can verify that your family is income eligible, **OR other proof of income.** See Scholarship Request Form.

**All scholarship applications and documentation are kept confidential.**

**Sun Prairie Media Center  
2018 Scholarship Request Form**

**Date of Application:** \_\_\_\_\_

**Head of Household (applicant):**

Name	Phone (day)	/_____ (evening)
Address	City	Zip

**List Household Members that would take part in Sun Prairie Media Center programs:**

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Total number of people residing in household \_\_\_\_\_ # under age of 18 \_\_\_\_\_

**Submit this completed form along with the following:**

1. A completed program registration form
2. **Any one** of these forms of income verification:
  - a. Completed **“Referral for Consideration for Fee Reduction Form”** from a professional (for example a social worker, case worker, teacher, doctor, nurse, counselor or minister, etc.) who knows your family and can verify that your family is currently eligible for certain other financial assistance programs **-OR-**
  - b. Verification that your family is currently enrolled in the Food Share Program (food stamps) or Free/Reduced School Lunch **-OR-**
  - c. A copy of your completed 2017 Federal Income Tax form and the last two payroll stubs for the adult wage earners in your household

<p><b>Return to:</b></p> <p><b>Sun Prairie Media Center 1350 Linnerud Dr. Suite 2 Sun Prairie, WI 53590</b></p>	<p>*Scholarship:    ___Accepted ___Denied</p> <p>*Reason: _____</p> <p>*Reviewed by _____/_____ Date</p>
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\* For Office Use Only

# Sun Prairie Media Center Referral for Consideration for Fee Reduction

Please consider a program fee reduction grant for the following Sun Prairie family/child. I believe that they are income eligible, they need reduced fees in order to participate, and they will benefit greatly from participation.

\_\_\_\_\_

**Head of Household**

\_\_\_\_\_

**Phone**

\_\_\_\_\_

**Address**

**Child's Name/Children's Names:**

\_\_\_\_\_

\_\_\_\_\_

**Family Income Information:**

This family is currently enrolled in the following federal programs that require income verification:

- Food Share (food stamps)
- Free or reduced school lunch
- Public Health WIC Program

Please check if the adults who provide financial support for this family were not required to file a Federal income tax form last year.

**Referring Individual/Organization:**

\_\_\_\_\_

Name and Title/Position

\_\_\_\_\_

Organization

\_\_\_\_\_

Phone

\_\_\_\_\_

Date of referral