



\***DSAF Scholarship Application**  
**Summer Enrichment Activities Support (S.E.A.S.)**

(Please submit to \***DSAF** as soon as possible. *You are not guaranteed reimbursement of the para stipend until you submit this form with a copy of the program registration & have been approved by the \***DSAF**.* Approved reimbursement will be sent to the parent after your child has completed the program.)

I, \_\_\_\_\_ have enrolled my child \_\_\_\_\_  
for a \_\_\_\_\_  
(Parent) (Child's name)

summer enrichment program and am requesting reimbursement for para support.

I have paid \_\_\_\_\_ for para-professional assistance in the  
the \_\_\_\_\_  
(Para Name)

following program: \_\_\_\_\_. The total contact hours I am  
\_\_\_\_\_  
(Summer Program)

applying for is \_\_\_\_\_ @ \$13.33/ contact hour (up to \$200.00).  
(Number of hours)

\_\_\_\_\_ Parent signature

Phone number \_\_\_\_\_

Are you a member of the \***DSAF**? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Para educator signature