



LEAP GOLD Application Packet

Due December 6, 2016

CAN Member for ____ years (since ____ grade)

Student Name: _____ Phone #: _____

Parent Name: _____ Phone #: _____

We will do our best to work around your schedule while planning summer LEAP experiences, however sometimes scheduling the experience will require flexibility on your end. We won't plan LEAP experiences during any school activity camps. Please list below any camps, family trips, etc. that you have planned this summer:

Sport/Activity Camps:

Family commitments that cannot be changed:

Other:

LEAP Applicant Commitment Pledge:

I, _____, agree that if I am chosen as a recipient of the LEAP Scholarship, I will make participation a priority.

Applicant Signature: _____ Date _____

Parent Commitment Pledge:

I, _____, parent of _____, agree that if my student is chosen as a recipient of the LEAP Scholarship, their participation will be a priority as we set our family summer schedule.

I understand that I will be responsible for 5%-20% of the cost of participation in the program and that CAN will cover up to 80% of the costs up to \$1000. (The actual amount will depend upon on family income.)

Parent Signature: _____ Date _____