

Scholarship

The Waukesha Youth Collaborative has implemented a program targeted at helping youth identified with potential development issues to receive services at various existing local service providers in Waukesha. Dollars have been set aside for reimbursement for agencies that may not have the resources to provide services as may be requested by the collaborative. We are asking any nonprofit organization in Waukesha County to use the enclosed voucher for reimbursement providing your organization does not have the resources.

Should you receive a referral from one of these schools, the counselor/social worker will identify themselves as part of the Waukesha Youth Collaborative prior to referring a student for services. They will fill out the voucher and e-mail it to you for you to complete the form. In order for student to be eligible, the screening tool and pre/post test will need to be completed.

Referrals to community resources need to be connected to the following areas:

- Attitudes/values
- Conflict resolution
- Educational involvement
- Emotional stability
- Family environment
- Physical health
- Social competencies
- Substance use

In order to make a referral detailed justification must be provided that clearly demonstrates the need for the referral as well as a link to the areas identified on the screening tool. The person making the referral must state the reason for the referral including the link to the outcomes and indicators established by the Waukesha Youth Collaborative.

Following the completion of the program/activity by the youth; follow-up information must be captured from the youth and/or the referral agency about the benefit of participation for the student.

Referrals can be made by completing the attached form and faxing to Michelle DuBord, United Way in Waukesha County, at 262-548-8945. The maximum amount per scholarship is \$250.00. Once the referral voucher is received, the co-chairs will make decision on the scholarship. Upon approval, the person making the referral will be notified and a check will be sent to the referral agency/organization.

Waukesha Youth Collaborative

Scholarship Voucher ~~2009~~

CONFIDENTIAL

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Agency/Program Referred to:

Contact Person/Title:

Address

City, State, Zip

Phone Number

Fax Number

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Program Name:

Program Services Requested:

Cost of Program:

Scholarship Amount Requested:

Please check one:

Does the agency have scholarship funds available for this service? ▾

Yes

No

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¶

Will the agency be providing a partial scholarship to this individual? ▾

Yes

No

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¶

If yes, Amount to be provided: \$

Name of Youth Requesting Funds:

School:

Name of Parent/Guardian

Address:

Parental Signature

Print Name:

Person making referral:

Phone:

Detailed Reason for Referral: *(Identify issues and benefits for the youth)*

Intended Benefit to Youth *(Please check the outcome and indicator)*

Outcome 1:

Youth identified with deficiencies exhibit positive behavior towards school.

Indicators:

- Improved grades
- Improved attitudes towards school
- Reduction in truancy/tardiness

Outcome 2:

Youth identified with deficiencies develop skills to help them become responsible youth.

Indicators:

- Enhanced communication with peers, parents and adults
- Exhibiting positive values through community involvement/leadership
- Increased abilities to resolve conflict
- No further illegal activities

After Completion

Please provide follow-up results about the impact of the scholarship on the youth.
Include paragraph from youth regarding the benefit of the scholarship.

- Screening Tool Completed
- Pre/Post Test Completed
- Meets Eligibility for Free & Reduced Lunch

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Authorizing Signature

Date:

**Mail or Fax to:
Waukesha Youth Collaborative**

**C/O United Way In Waukesha County
1717 Paramount Drive
Waukesha, WI 53186
Phone: 262-547-8459 Fax: 262-548-8945**

For Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| <input type="checkbox"/> Confirmation Faxed | <input type="checkbox"/> Check Sent |
| <input type="checkbox"/> Follow up Results | |

CUMULATIVE AGENCY ACTIVITY REPORT
 WAUKESHA COUNTY "NEW" DEMOGRAPHIC FORM
 WAUKESHA COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

ORGANIZATION «Company» PROJECT: «Project» YEAR: «Year» DATE: _____

ETHNIC
CATEGORY

NON-HISPANIC _____
 HISPANIC _____
 WHITE _____
 BLACK _____

NRSA PROJECT _____ Yes _____ No

RACE
CATEGORIES

and (Check One Income Box)

Race of Client (C) or Head of Household (H)	Male / Female	Client (C) or Household (H)	Very Low < #30% Median Income	Low income 30 – 50% Median Income*	Moderate Income 51-80% Median*	Other Non-LMI Income*
1.) WHITE	M F					
2.) BLACK / AFRICAN AMERICAN	M F					
3. ASIAN	M F					
3a.) And White	M F					
3 b.) And Black	M F					
4.) American Indian / Alaskan Native	M F					
4a.) And White	M F					
4b.) And Black	M F					
5. NATIVE HAWAIIAN / PACIFIC ISLANDS	M F					
5a.) And White	M F					
5b.) And Black	M F					
6. ASIAN	M F					
6a.) And American Indian / Alaskan Native	M F					
6b.) And Native Hawaiian / Pacific Islander	M F					
7. AMERICAN INDIAN / ALASKAN NATIVE	M F					
7a.) And Native Hawaiian / Pacific Islander	M F					
Female Head of Household _____yes _____no						

• Median Income as determined by the U.S. Department of Housing and Urban Development based on Household Size and Income