



# COMMUNITY EDUCATION SCHOLARSHIPS

To apply for free or reduced cost for Community Education classes, fill out this form and return it to the Community Education Office, PO Box 36, Long Lake, MN 55356. To qualify for assistance, you must live in the Orono School District or student(s) must be open enrolled.

Melanie DeLuca  
Director

Brian Bergstrom  
Assistant Director

STUDENT'S NAME \_\_\_\_\_

Parent or Guardian (if student is under 18) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Email \_\_\_\_\_ TOTAL # IN FAMILY \_\_\_\_\_

Please list classes you are registering for or attach a registration form:

\_\_\_\_\_

**ORONO  
COMMUNITY  
EDUCATION**

705 OLD  
CRYSTAL BAY RD  
PO BOX 36  
LONG LAKE,  
MINNESOTA  
55356

TELEPHONE  
952-449-8350  
FAX  
952-449-8359

**Educational Scholarship Request**

If you are interested in a scholarship, please sign below, which validates the following statement: I authorize Orono Food Service to release the eligibility status results (status only, no financial information will be shared) from the "Application of Education Benefits/Free and Reduced Meals" to be used for the purpose of receiving discounted or free Community Education programs. *(Your letter mailed to you from the district stating your "Eligibility of Benefits" can be used to verify your status.)*

OR

**Request scholarship due to special circumstances**

Please indicate circumstances and needs: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that all of the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of adult family member)

[www.orono.k12.mn.us/ops/ce](http://www.orono.k12.mn.us/ops/ce)

**FOR OFFICE USE ONLY**

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

REASON FOR DENIAL \_\_\_\_\_

An Equal  
Opportunity  
Employer