

TPOP SCHOLARSHIP APPLICATION

The Department of Juvenile Justice Services (DJJS) recognizes that due to the COVID-19 pandemic Clark County families have been presented with different circumstances and challenges at home which might influence a family's ability to provide adequate educational resources during the 2020-2021 school year.

We believe that every child deserves the chance to receive an exceptional education; as the community continues to adjust, DJJS is committed to provide educational assistance to families in need.

In 2019, Clark County officials approved funds to combat chronic absenteeism and truancy in schools, hoping that increasing classroom attendance will reduce juvenile delinquency. However, due to the current situation and schools possibly remaining closed for the 2020-2021 school year, in classroom attendance is currently not an option.

In our efforts to address chronic absenteeism and truancy within our community the Truancy Prevention Outreach Program (TPOP) was created. The intention of the program is to assist children who are experiencing attendance issues and support families with needed services. The Truancy Prevention Outreach Program in partnership with the Harbor has been presented with an opportunity to offer a limited number of scholarships for the 2020-2021 school year to eligible households. Recipients must complete the application process and provide all required forms. Attached please find the forms we require to be completed for the Truancy Prevention Outreach Program Scholarships.

Please keep the following in mind as you complete these forms:

- All information is confidential and kept securely within our department.
- Please fully complete every form and provide all requested and applicable information.
- If applying for a scholarship for more than one child, please note that we require a separate application for each child.

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- The scholarship program was developed to address chronic absenteeism. You must provide an explanation for the student's low 2019-2020 school attendance.

Applications will be reviewed and processed based on receiving order and according to program eligibility. If eligible, students will be awarded scholarships until funds are depleted.

All documents are required before intake packet can be submitted.

Any partial submission will result in a delay in the application process

Required Forms

- Intake Application
- Birth Certificates for all children in household
- Proof of income for household (Last 30 days)
- Proof of child(ren) last quarter grades and attendance
- Proof of child(ren) current IEP/504 Plan (if applicable)
- Proof of residency (rental agreement, utility bill)
- Proof of current Nevada ID for all adult household members
- Community Centers Participation form
- Information and Liability Waiver form
- Complete Online Application for Free and Reduced Lunch (provide proof)

Eligibility

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A student is eligible for a scholarship if the student meets the following criteria:

The student has missed 15 days or more of school during the previous school year.

The student's household income level does not exceed 100% of the federal poverty level (\$26,200.00 for a family of four) or the student is on the direct certification list (list of children who qualify for the food assistance program, the Temporary Assistance to Needy Families Program, or the Food Distribution on Indian Reservations program), or

The student was displaced during the previous school year due to family financial hardship.

and

The student is eligible to enroll in kindergarten or has spent the prior school year (2019-20) in attendance at a Nevada public school. Prior attendance means the student was enrolled in and in attendance at a Nevada public school during both the October and February student counts.

A sibling of a student who is participating in the scholarship program under the above eligibility criteria is eligible for a scholarship if the student resides in the same household as the sibling.

Prior to a scholarship being awarded, the parent/guardian must complete and provide all requested/required documents and identify a preferred a Community Learning Center. The participating centers include: Pearson Community Center, Walnut Community Center, and Bob Price Community Center.

Please indicate preferred Community Learning Center:

Walnut/ Pearson /Bob Price

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Parent/Guardian Name:

First: _____ **Last:** _____

Primary Phone#: _____ **Email:** _____

Parent/Guardians Primary language: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship to child: _____

Marital Status: _____ **Household Size: # of Adults** _____

of Children _____ **Household Income** _____ **Yearly/Monthly**

Gender: Male/ Female

Ethnicity:

Hispanic, Latino, or Spanish Origins

Non Hispanic, Latino, or Spanish Origins

Race: (Please select one)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other: _____

Child Name:

First: _____ **Last:** _____ **Age:** _____

Gender: Male/ Female

Ethnicity:

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Hispanic, Latino, or Spanish Origins

Non Hispanic, Latino, or Spanish Origins

Race: (Please select one)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other: _____

First language spoken by student: _____

Grade: _____ **Current School:** _____

Did the child have low attendance previous school year?: _____

If yes, please provide the explanation in the comments box below:

Comments: _____ _____ _____ _____ _____
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Does the child have access to Internet Service at home?: _____

Does the child have access to a computer at home?: _____

Student Services: IEP _____ **504 PLAN** _____

If the student is receiving these services, please provide a copy of each that apply

To remain eligible for the scholarship program the student will be required to attend the Learning Center 5 days each week.

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EMERGENCY CONTACT(S):

NAME	PHONE	RELATIONSHIP	PERMISSION TO PICK CHILD UP

I certify that the information submitted in this application is true and correct to the best of my knowledge.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

FOR DEPARTMENT USE ONLY: _____



**Department of Juvenile Justice Services
TRUANCY PREVENTION OUTREACH PROGRAM**

INFORMATION FORM & LIABILITY WAIVER

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DISCLOSURE:

The Truancy Prevention Outreach Program is a voluntary program provided through The Harbor, Clark County's Juvenile Assessment Center. The purpose of the Program is to provide early identification and assessment of chronic absenteeism and the prompt delivery of in-home services, school, and community coordinated interventions to prevent chronic school absences. The Program involves a variety of activities including participation in community-based programs that will improve academic goals through tutoring, homework assistance, other educational activities as well as some physical activities in both indoor and outdoor settings. The level of participation in each activity may be modified if necessary or depending on the participant's capabilities. As with any program of this type, there is a risk that must be assumed by each parent or guardian on behalf of each participant that he /she may suffer an emotional or physical injury.

MEDICAL INFORMATION (information to be completed by parent or guardian):

Please answer all information thoroughly and honestly. This information is important for the participant (your child's) safety. Certain health and medical information must be made known to the facilitator(s) conducting the Program so that they will be prepared to respond appropriately if the need arises. Participants and their parents or guardians will be responsible for knowing the participant's medical condition and whether it will prohibit the participant from safely participating in any Program activities. Under certain circumstances, a medical release from the participant's physician may be required. This information will be kept confidential unless needed in an emergency. ***Due to the COVID-19 Pandemic each participant will undergo screening prior to participating in any Truancy Prevention Outreach Program activities.**

GENERAL INFORMATION

Participant Name:

Does your child have limiting physical disabilities or handicaps (temporary or permanent)?

Yes No

If yes, identify and explain.

INFORMATION FORM & LIABILITY WAIVER

INFORMED CONSENT:

I, _____, on behalf of my minor child _____, give the Program permission to

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transport my child to and from program activities. I also consent to and authorize the Program to screen my child for COVID-19 related symptoms. I affirm my child's health is good and that he/she has not been displaying COVID-19 related symptoms in the past 14 days. I affirm that my child is not under a physician's care for any undisclosed condition that might endanger his/her health or the health of other participants. I recognize the inherent risk of injury that may result from participation in Program activities. It is further understood that unforeseen circumstances may arise for which Clark County and its staff and agents shall not be held responsible.

I acknowledge that I and my child have read this Information Form and Liability Waiver and other information related to the Program (The Truancy Prevention Outreach Program in partnership with The Harbor), and I and my child have decided that my child will voluntarily participate in the Program.

WAIVER OF LIABILITY:

I hereby voluntarily assume and accept all personal responsibility for my child's behavior, and for all risk of injury, illness, disease or death, and release any rights or claims for damages and agree to indemnify, defend, and hold harmless CLARK COUNTY, its staff, agents, and all individuals assisting in facilitating and conducting these activities from all liability of any nature for any and all injuries, loss or damage suffered at, or in any way connected to participation in this Program. My signature below is my acknowledgement that I have been informed about the nature of the Program activities and my child will participate in only those activities that are within his/her abilities and limitations. I, and my child, have read, understood, and accept the terms and conditions stated herein and acknowledge that this Information Form and Liability Waiver shall be effective and binding hereafter.

EMERGENCY MEDICAL RELEASE:

In the event that I, the parent or guardian, cannot be reached in an emergency, I hereby authorize Clark County staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Parent/ Guardian Name

Date

Parent/ Guardian Signature

Date

Witness

Date

Free & Reduced Online Application

Applications now available online

TPOP SCHOLARSHIP APPLICATION

Some Clark County School District students may be eligible for free or reduced price meals depending on family size and income as part of the National School Lunch/Breakfast Program which provides nutritious meals every school day for eligible students at participating elementary, middle/junior high, and high schools.

Application for meal benefits must be completed each school year, only one application is needed per household. Processing of an application takes 10 operating days. We encourage you to apply online at www.myschoolapps.com as this option is user friendly and reduces processing time. Applications are processed in the main Food Service office and benefits begin once eligibility has been determined.

<https://www.ccsd.net/departments/food-service/free-reduced-online-application>

If you need further assistance or have additional questions regarding the meal benefit application process call the Free and Reduced at 1-800-819-7556.