



BADGER *Precollege*

Scholarship Application

Badger Precollege
21 N. Park Street, 7th Floor
Madison, WI 53715
info@precollege.wisc.edu

Instructions to the Student and Parent/Guardian:

This form is **only** for the **College Ready Program** at Badger Precollege which serves students in 9th-12th grade. Everyone applying for scholarships needs to fill out "Section 1" of the form.

- A. If your family is not eligible for Free or Reduced Lunch, you will need to provide your income and household information from your most recent tax return.
- B. If your family is eligible for Free or Reduced Lunch with the school, "Section 2" needs to be filled out and signed by a school official.

All scholarship materials are due to the Badger Precollege by October 14, 2025.

They can be emailed or mailed to the address or number on this form. Any questions concerning the financial aid application process can be directed to info@precollege.wisc.edu.

Section 1: Family Completes

Name Last	First	M.I.	
Street Address	City	State	Zip
Date of Birth	Preferred Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other _____		

Check all that apply

- ☐ American Indian or Alaska Native ☐ Black or African-American ☐ Asian
☐ Native Hawaiian/Other Pacific Islander ☐ Hispanic or Latino ☐ White or Caucasian

Current Grade Level <input type="radio"/> 9 th Grade <input type="radio"/> 10 th Grade <input type="radio"/> 11 th Grade <input type="radio"/> 12 th Grade	School Attending and School District Name
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Check only ONE and follow directions

- ☐ **I do NOT qualify for Free or Reduced Price School Meals, but would like to be considered for financial assistance.**

Yearly income amount as listed on your most recent tax return: \$ _____

Number of individuals in your household: _____

- ☐ **I do qualify for Free or Reduced Price School Meals (Have school complete Section 2.)**

I HEREBY AUTHORIZE that the information provided is true and accurate to the best of my knowledge.

I HEREBY AUTHORIZE release of my child's verification of Free or Reduced Price School Meals eligibility.

Signature of Parent/Guardian X	Date Signed
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Section 2: School Completes

Instructions to the Principal, Food Service Authorized Representative, or Administrative Staff Member:

Please verify that this student is eligible for Free or Reduced Price School Meals and forward this application form using student contact information listed above.

Is this student eligible for Free or Reduced Price School Meals? ☐ Yes ☐ No

I have verified that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a need-based scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature X	Date Signed	