

Meeting House Preschool
162 Main Street P.O. Box 761
East Orleans, MA 02643
508-255-8793
meetinghousepreschool@yahoo.com

Tuition Scholarship Application

Child(ren) Names: _____

1. Household information:

Legal Parents/Guardians: _____

Check if: _____ Single-parent household _____ Two-parent household

Legal Residence: _____
Street Town State/Zip code

Mailing Address: (If different from above) _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Please list names and ages of all minors in your household. Include only those children who live with you for more than 6 months during the year.

<u>Child's Name</u>	<u>Age</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Income documentation:

In order for a family to be eligible for this fund, one or more parents in the household must be working, or documentation of extenuating circumstances must be provided. List below any adult(s) contributing to the household income and attach copies of 4 paystubs for working parents, and/or previous year's tax return if self-employed.

Adult's Name: _____ Employer: _____

Position: _____ Weekly income: _____

Hours of work per week: _____ Work tel.: _____

Adult's Name: _____ Employer: _____

Position: _____ Weekly income: _____

Hours of work per week: _____ Work tel.: _____

If you recently lost employment or are on seasonal unemployment, will you be returning to your previous place of employment? Yes _____ No _____ Please verify this with a notarized letter from your employer or a copy of your unemployment benefits.

Who assumes responsibility for payment of tuition? _____

Please list approximate amounts paid last year:
Rent/Mortgage _____ Auto _____ Utilities _____ Other (identify) _____

Please list financial assets:
Property _____ Alimony/Child Support _____ Savings/Investments _____ Other _____

Are you receiving any other assistance paying for childcare?

Type of Support _____ Monthly \$ amount _____

How much aid is your family requesting in this application? (Monthly) \$ _____

3. Childcare information:

Please list here information about any childcare currently provided to any children in your household:

Child #1: Name: _____ Age: _____

Provider's Name: _____ Address: _____

Days and hours of care: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Cost of care monthly/weekly (circle one) _____ Dates of service: Start _____ End _____

Total amount of tuition aid received for this child \$ _____

Does your child have an IEP? _____ Please submit documentation

Child #2: Name: _____ Age: _____

Provider's Name: _____ Address: _____

Days and hours of care: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Cost of care monthly/weekly (circle one) _____ Dates of service: Start _____ End _____

Total amount of tuition aid received for this child \$ _____

Does your child have an IEP? _____ Please submit documentation

Child #3: Name: _____ Age: _____

Provider's Name: _____ Address: _____

Days and hours of care: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Cost of care monthly/weekly (circle one) _____ Dates of service: Start _____ End _____

Total amount of tuition aid received for this child \$ _____

Does your child have an IEP? _____ Please submit documentation

III. Additional Family Information

It is crucial to the application process to understand your family's situation. The purpose of this program is to help preschool families pay childcare fees for their children aged 2.9-5 years. Please describe here any details about your family's present situation that provide a clearer indication of your family's needs. You are encouraged to write as much as you care to include. Use an additional page if necessary. Your application will be kept in strict confidence and will be evaluated only by Scholarship Administration designee(s).

The information included in this application is truthful & accurate to the best of my knowledge. Any falsification of information or discrepancies may lead to the termination of assistance eligibility.

Signed _____ Date _____