

# Molly Michie Cooperative Preschool Scholarship Application

The cost of the program at MMP is \_\_\_\_\_ a month for each child in the \_\_\_\_\_ day class. Since many parents cannot afford to pay that amount, the preschool has provided a scholarship fund. In order to distribute the funds as fairly as possible, the MMP Scholarship Committee needs the following information. It will be kept confidential and destroyed immediately after the scholarship has been awarded or denied.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Circle any that apply for the child listed above (optional):

Black \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Sex: M F  
White \_\_\_ Asian \_\_\_ Other \_\_\_

Child's primary language spoken at home \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent's Home Address \_\_\_\_\_

Telephone (evening/night) \_\_\_\_\_ (day) \_\_\_\_\_

Second Parent's Home Address (if different) \_\_\_\_\_

Telephone (evening/night) \_\_\_\_\_ (day) \_\_\_\_\_

Are both parents in the child's home? Yes No

If not, who is the custodial parent? \_\_\_\_\_

Please list all other members of the household that are supported by the parents:

Name	Birthdate	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please provide financial information for the custodial parent(s):**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Gross amount of pay per month (before any deductions)

\_\_\_\_\_ per week OR \_\_\_\_\_ per two weeks OR \_\_\_\_\_ per month

**Please provide financial information for the other parent or household member:**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Gross amount of pay (before any deductions)

\_\_\_\_\_ per week OR \_\_\_\_\_ per two weeks OR \_\_\_\_\_ per month

**Does anyone in your household receive the following benefits:**

Food Stamps	Yes	No	SSI	Yes	No
WIC	Yes	No	TANF	Yes	No
Medicaid	Yes	No	Other _____	Yes	No

Who or what agency referred you? \_\_\_\_\_

Is there any specific family need or crisis? \_\_\_\_\_

Will child need transportation to school? Yes No

If child will need transportation to an address other than custodial parent's home after school, please provide address: \_\_\_\_\_

Does anyone in your household belong to the Thomas Jefferson Memorial Church? Yes No

**PLEASE READ THE FOLLOWING CAREFULLY AND CHECK BOTH STATEMENTS BEFORE SIGNING:**

( ) We agree to notify the scholarship chair if there is a change in our income or in our situation which may affect our eligibility for scholarship aid.

( ) We certify that the information we have provided on this application is true and complete.

\_\_\_\_\_  
(signature of parent)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of parent)

\_\_\_\_\_  
(date)