Application #:	Date Received:
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## **Application for Scholarship due to Covid-19**

Name of Child(ren): Parent/Guardian's Name:				
Home Address:				
Signature:		Date:		
All information provid	ded will be handled i	n a strictly con	fidential manner.	
Program Child is Enrolled In:				
Toddler: Monday thru Friday Upstairs: Monday thru Friday			Weds/Fri Weds/Fri	
Extended Day until 3 PM: Mor	n Tue	( <u>Please c</u> Wed	<u>ircle)</u> Thurs	Fri
Extended Day until 5 PM: Mor	n Tue	Wed	Thurs	Fri
Number of Members in the ho	ousehold:			
Adjusted Gross Income: (as indicated on your form 1040)				

Application #:
Please help us understand your particular need for scholarship, such as additional burden on your income, employment status, monthly household budget information, etc. Include any information that you feel is pertinent to our decision, specifically, anything that has changed as a result of the Covid-19 Pandemic:
Amount Awarded:
Date Awarded: