

Application #: \_\_\_\_\_ Date Received: \_\_\_\_\_



**PEOPLEPLACE**  
Cooperative Preschool  
BOX 614 CAMDEN, MAINE 04843 | (207) 236-8225

## Application for Scholarship due to Covid-19

Name of Child(ren): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

..... All information provided will be handled in a strictly confidential manner. ....

### Program Child is Enrolled In:

**Toddler:**  Monday thru Friday  Mon/Tues/Thurs  Weds/Fri

**Upstairs:**  Monday thru Friday  Mon/Tues/Thurs  Weds/Fri

**Extended Day until 3 PM:** Mon Tue (Please circle) Wed Thurs Fri

**Extended Day until 5 PM:** Mon Tue Wed Thurs Fri

Number of Members in the household: \_\_\_\_\_

Adjusted Gross Income: \_\_\_\_\_  
(as indicated on your form 1040)

