

Application #: _____

Date Received: _____



Scholarship Application

Child's Name: _____

Home Address: _____

Program Child is Enrolled in: (if known)

Toddler: 5 days 3 days 2 days

Upstairs: 5 days 3 days 2 days

(Please circle)

Extended Day until 3 PM: Mon Tue Wed Thurs Fri

Extended Day until 5 PM: Mon Tue Wed Thurs Fri

Desired schedule if unknown: _____

PARENT & HOUSEHOLD INFORMATION

Parent/Guardian #1 Name: _____

Relationship to Child: _____ Occupation: _____

Parent/Guardian #2 Name: _____

Relationship to Child: _____ Occupation: _____

Number of Members in the Household: _____

FINANCIAL INFORMATION:

Please do your best to provide accurate information or estimates as needed. *If you would like any help filling out this form or finding information, please contact Amelia Patel (amelia@peopleplacecoop.org).*

	Combined Parents
Income:	
Adjusted Gross Income reported on most recent tax return filed with the IRS	
Untaxed Income and Benefits (e.g. Social Security, TANF, child support, Veteran's benefits)	
Estimated Adjusted Gross Income for Current Year	
Expenses:	
Child Support that you PAY to another because of divorce or separation	
Monthly Mortgage or Rent	
Monthly Automobile Payments	
Average Monthly Utility Payments	
Monthly Medical Debt Payments	
Monthly Insurance Expenses (e.g. medical, car, home, renter)	
Assets:	
Cash, Savings and Checking Balances	
Other Non-Retirement Investments (Including Mutual Funds, CDs, Trusts, Money Markets, etc)	
Other Taxable Balances	
Current Value of Real Estate (<i>not</i> including primary residence)	
Fair Market Value of Primary Residence	
Fair Market Value of Automobile(s)	
Debts and Liabilities:	
Amount Owed on Home	
Amount Owed on Automobile	
Amount of Medical Debt	
Amount of Other Debt (please specify - student loans, credit	

card/consumer, etc.)	
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If grandparents or other family members expect to help with costs, how much will they provide? _____

Are you receiving any tuition assistance or child care subsidies from elsewhere? Yes/No

If yes, how much? _____

As parents, how much do you feel you can contribute to your child's school expenses? _____

ADDITIONAL INFORMATION

Do you expect any of the following to occur in the next year?

A change in marital status? Yes/No

A change in the number of dependents? Yes/No

A substantial change in your income? Yes/No

A substantial change in your assets? Yes/No

Please provide details for all YES responses.

****PLEASE ATTACH COPIES OF YOUR MOST RECENT FULL FEDERAL INCOME TAX RETURN****

****Please note that we reserve the right to adjust your award if your circumstances change or if other funding becomes available from other assistance programs.****

