

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



**PEOPLEPLACE**  
Cooperative Preschool  
BOX 644 CAMDEN, MAINE 04843 | (207) 236.4225

## 2016-17 Application for Scholarship

Name of Child: \_\_\_\_\_

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

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

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

Please include a copy of federal tax returns (1040) for the previous year.  
All information provided will be handled in a strictly confidential manner.

### Program Child is Enrolled In:

<b>Toddler:</b>	<input type="checkbox"/> Monday thru Friday	<input type="checkbox"/> Mon/Tues/Thurs	<input type="checkbox"/> Weds/Fri
<b>Upstairs:</b>	<input type="checkbox"/> Monday thru Friday	<input type="checkbox"/> Mon/Tues/Thurs	<input type="checkbox"/> Weds/Fri

(Please circle)

**Extended Day until 3 PM:**                      Mon                      Tue                      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)

Months which assistance is needed: \_\_\_\_\_

