

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



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

## 2017-18 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:

**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 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: \_\_\_\_\_

