

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



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

## 2019-20 Application for Scholarship

(due May 20, 2019)

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: \_\_\_\_\_

