



2020-21 Preschool Scholarship Application

GUARDIAN/ADULT INFORMATION

OFFICE USE ONLY

FIRST NAME _____ LAST NAME _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(_____) _____ - _____ EMAIL _____

PHONE NUMBER _____

PRIMARY LANGUAGE ENGLISH SPANISH OTHER _____ STATE _____ ID # _____ DL ID PASS SS

CLASS PARTICIPANT INFORMATION

Please list the participant and their class preferences .

Program	Day/Time	Member Price	Guest Price
<input type="radio"/> Preschool 2-day Morning	TUES/THUR 9AM-11:30AM	\$170	\$205
<input type="radio"/> Preschool 3-day Morning	MON/WED/FRI 9AM-11:30AM	\$200	\$235
<input type="radio"/> Preschool 5-day Morning	MON-FRI 9AM-11:30AM	\$285	\$320
<input type="radio"/> Preschool 2-day Afternoon	TUES/THUR 12:30PM-3PM	\$170	\$205
<input type="radio"/> Preschool 3-day Afternoon	MON/WED/FRI 12:30PM-3PM	\$200	\$235
<input type="radio"/> Preschool 5-day Afternoon	MON-FRI 12:30PM-3PM	\$285	\$320
<input type="radio"/> Pre-K 3-day Morning	MON/WED/FRI 9AM-11:30AM	\$200	\$235
<input type="radio"/> Pre-K 5-day Morning	MON-FRI 9AM-11:30AM	\$285	\$320

FIRST NAME _____

LAST NAME _____

BIRTHDATE _____

MEMBER

CURRENT SCHOLARSHIP MEMBER

TERMS OF SCHOLARSHIP

Please read the terms of program scholarship carefully and initial after each term.

1. Completion of application does not guarantee assistance. Scholarships will be awarded on eligibility, timeliness, and available funding.
2. The Kroc Center reserves the right to limit or increase the number of program scholarships given on a class-by-class basis.
3. Scholarship discounts vary by income basis from 25% to 50% off original class price. Scholarships accepted ongoing basis depending on class availability and typically take two weeks to process.
4. Most requests will be responded to by letter. If approved, the applicant is incited to return to the Kroc Center to make payment for programs awarded to by scholarship.
5. Program Scholarship recipients are expected to financially contribute toward the class fees. After approval, payment must be made prior to the first class. Monthly tuition is due by the 5th of every month
6. Kroc Preschool/Pre-K Scholarships are awarded for the duration of the school year (September-June) and apply to monthly tuition only. Scholarships do not apply to registration fees, late fees, or any other fees associated with Kroc Preschool/Pre-K program.
7. Program Scholarships, if awarded, may only be applied to the class indicated on the class/program enrollment form. There is no guarantee class applied for will be granted. Enrollment is based on availability, and enrollment in Kroc Preschool/Pre-K program is not reserved until the annual registration fee is paid.
8. All awards are confidential and applicants agree to refrain from discussing them with others.
9. Please submit all applications for desired classes at a minimum of 14 days prior to the program's start date. Applications received after this time frame may not be approved and/or accepted.
10. Scholarship are awarded at the discretion of the scholarship committee.

APPLICANT INITIALS

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Please sign below as verification of your understanding and acceptance of the Kroc Program Scholarship Agreement.

Signature _____ Date _____

APPLICANTS NOT CURRENTLY ENROLLED IN THE MEMBERSHIP SCHOLARSHIP PROGRAM, PLEASE SEE REVERSE SIDE



Preschool/Pre-K Scholarship Application

PRIMARY APPLICANT INFORMATION

FIRST NAME	LAST NAME	MIDDLE INITIAL	OFFICE USE ONLY
ADDRESS			CITY
MARITAL STATUS			STATE
<input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED			ZIP

HOUSEHOLD MEMBERS

List all persons living in household starting with primary applicant. Please indicate if members are disabled or under foster care.

NAME (FIRST, LAST)	SEX	AGE	BIRTHDATE	RELATIONSHIP TO APPLICANT	CHECK ONE			YES OR	CHECK		CHECK IF	
					NEW MEMBER	CURRENT MEMBER WITHOUT SCHOLARSHIP	CURRENT MEMBER WITH SCHOLARSHIP	HAVE YOU BEEN AWARDED A SCHOLARSHIP IN THE PAST?	ADULT 18+	YOUTH 0-17	ADA	FOSTER CARE
PRIMARY			--/--/--									
#1			--/--/--									
#2			--/--/--									
#3			--/--/--									
#4			--/--/--									
#5			--/--/--									
								TOTALS				

HOUSEHOLD FINANCES

List all household income per month for ALL PERSONS living with applicant for the past 30 DAYS. Include cash payments for "odd jobs" or "under the table" jobs. Mark sources of Income/Aid. Attach proof of income for each item listed.

OFFICE USE ONLY - CHECK IF DOCUMENTATION ATTACHED	1. Gross Salary from Job	\$
	2. Gross Salary from Job	\$
	3. Gross Salary from other's Job	\$
	4. Gross Salary from other's Job	\$
	Unemployment Benefits	\$
	Retirement /Survivor Benefits SSI / SSA	\$
	Disability SSDI / SSI / VA	\$
	Child Support / Alimony	\$
	CAF Foster Care / Proter Care	\$
	Public Assistance TANF / ATP / HUD	\$
	Food Stamps / SNAP	\$
College Room and Board	\$	
Other	\$	
OFFICE USE ONLY - GROSS MONTHLY INCOME		\$

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The following are accepted forms of income verification for the membership scholarship program:

- Front page of most recent Federal 1040 tax return
- Paycheck stubs reflecting the most recent 30 days of income
- Social Security income benefit statement
- Unemployment benefit statement
- Disability income benefit statement
- Public assistance income benefit statement
- Child Support income

The following are NOT acceptable forms of income verification for the scholarship program and will not be considered:

- Bank statements
- Pay check stubs reflecting less than 30 days of income
- Personal Letters

If you CURRENTLY have a membership scholarship, we have your income verification paperwork on file and you DO NOT need to resubmit household finance information.

Apart from financial hardship, please list any other special circumstances or factors you would like us to consider. You may attach a letter if needed.

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Signature _____ Date _____