



391 N. Main Street, Suite 2, Springville, UT 84663

## 2020-2021 Preschool Scholarship Application

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

Name of Child applying for: \_\_\_\_\_ Gender: M F

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of persons in the household (include ages): \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Household Income: All income of individuals related to the child by blood or marriage must be listed including, but not limited to, current employment, child support, unemployment payments, etc.

Type of Income: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

Type of Income: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

Type of Income: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

Proof of income is required. Provide most recent federal income tax return or most recent W2s.

If you've had a change of income since your most recent tax return, submit 2 months of current paystubs.

Legal Guardian (if applicable): \_\_\_\_\_

Name of preschool you'd like your child to attend: \_\_\_\_\_

Preschool location: \_\_\_\_\_

Which class/number of days per week: \_\_\_\_\_

How much, if any, can you afford for preschool each month?: \_\_\_\_\_

Upon receipt of a scholarship, I/we commit to attending 3 parenting classes offered through The Early Light Institute. Parent's signature(s): \_\_\_\_\_

(For Office Use Only)

Date Received: \_\_\_\_\_

Scholarship Received: \_\_\_\_\_