**GROWING TOGETHER PRESCHOOL, INC.**

**SCHOLARSHIP APPLICATION**

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| CHILD'S NAME: | DOB: |
| CHILD'S ADDRESS: |
| PARENT: | PARENT: |
| ADDRESS:PHONE: CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ADDRESS:PHONE: CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHILD LIVES WITH: \_\_\_\_\_MOTHER \_\_\_\_\_FATHER \_\_\_\_\_BOTH \_\_\_\_\_FOSTER \_\_\_\_\_OTHER |
| FAMILY SIZE: \_\_\_\_\_ADULTS \_\_\_\_\_CHILDREN |
| CHILD'S DIAGNOSIS: |
| THERAPIES CHILD NEEDS/RECIEVES: |
| PARENT 1 INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT 2 INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ADDITIONAL FINANCIAL ASSISTANCE FROM ANY OF THE FOLLOWING?UNEMPLOYMENT $\_\_\_\_\_\_\_\_\_\_ ALIMONY $\_\_\_\_\_\_\_\_\_\_ CHILD SUPPORT $\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY $\_\_\_\_\_\_\_\_\_\_ OTHER $\_\_\_\_\_\_\_\_\_\_ |
| PLEASE EXPLAIN ANY SPECIAL FINANCIAL CIRCUMSTANCES AFFECTING THE FAMILY'S BUDGET AT THIS TIME: |
| PLEASE EXPLAIN HOW YOU FEEL A RELATIONSHIP WITH GROWING TOGETHER PRESCHOOL WOULD BENEFIT YOUR CHILD AND FAMILY: |
| HOW MUCH ARE YOU ABLE TO CONTRIBUTE TO YOUR CHILD'S WEEKLY TUITION: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. IN ADDITION, I HAVE ATTACHED DOCUMENTATION OF MY CHILD'S DIAGNOSIS, CHILD CARE ASSISTANCE FUNDING, HEAD START APPLICATION AND PROOF OF INCOME. I ALSO UNDERSTAND THAT ANY MISREPRESENTATION OF THE INFORMATION CONTAINED IN THIS DOCUMENT DOES CONSTITUTE FRAUD AND I WILL, THEREFORE, BE REQUIRED TO REPAY ALL SCHOLARSHIP FUNDS.  |
| SIGNATURE OF PARENT/GUARDIAN: |
| SIGANTURE OF PARENT/GUARDIAN: |
| DATE: |