



- Regular Scholarship
- Pre-K Scholarship

FMC Community Empowerment Preschool Scholarship Application, FY 2010



Date: _____

Reviewed: _____

Approved: _____

Denied: _____

Applicant Information

Current Age **Circle One**

Student's Name: _____ Birth Date: _____ ____ 2 3 5 Day Program

Student's Name: _____ Birth Date: _____ ____ 2 3 5 Day Program

Student's Name: _____ Birth Date: _____ ____ 2 3 5 Day Program

Family Information

Parent(s)/Guardian Name: _____ Number in Household: _____

Address: _____ City _____ Zip: _____

Preschool Applying For

- | | | |
|----------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Central Preschool | <input type="checkbox"/> The Learning Center - Charles City | <input type="checkbox"/> Wee Soar Preschool |
| <input type="checkbox"/> Fun in the Sun Preschool | <input type="checkbox"/> The Learning Center - New Hampton | <input type="checkbox"/> RRM R Preschool |
| <input type="checkbox"/> Growing Tree Preschool | <input type="checkbox"/> Merri-land Preschool | <input type="checkbox"/> St. John Christian Preschool |
| <input type="checkbox"/> Immaculate Conception Preschool | <input type="checkbox"/> Noah's Ark Preschool | <input type="checkbox"/> St. Joseph Sunrise Preschool |
| <input type="checkbox"/> Kids Care Preschool | | |

Other _____

Fill Out Part A, B, or C; Sign Required Part D

Part A:

If you are a recipient of one of the following, check:

- Medicaid
 Food Stamps
 SSI
 FIP (Family Investment Program)
 WIC
 Reduced School Meals
 Free School Meals

Part B:

Complete the following ONLY if you are not currently enrolled in one of the above programs; include each household member.

Name, first and last	Age	Gross amount of paychecks	How often received	Amount of other payments received*	How often received

*Including social security, unemployment benefits, veteran's benefits, child support, alimony workman's comp., other.

Part C:

Optional Income Verification: Copies of the following documents may be attached. Please check if they apply.

_____ Income Tax Return 1040 A or 1040 _____ W-2 Form _____ Number in Household

Part D: (Required)

Parent / Guardian Signature: (Required)

I certify that all of the above information is correct and that all income is reported. I understand this information is being given in receipt of state funds. FMC Empowerment officials may verify the information on the application. Deliberate misrepresentation of this information will terminate eligibility for funds and I understand I will be responsible for reimbursement of any funds already received. All information contained here will be kept confidential and used for FMC Empowerment purposes only.

Parent/Guardian must sign: _____ Date: _____

Preschool Provider Only Complete: (Required)

in Household: _____ Total gross household income: \$ _____ /month **OR** Part A Qualifies: _____

Check this box if applicant is at or below 200% poverty level.

Regular Scholarship Pre-K Scholarship

Monthly Scholarship Amount Approved: _____ for _____ -day program.

Total: _____

I verify this applicant is eligible based on the information contained in this application and on the current Federal income guidelines.

* _____ Date: _____

Preschool Provider Signature (Required)

For Empowerment Use:

Reviewed by: _____ Date: _____