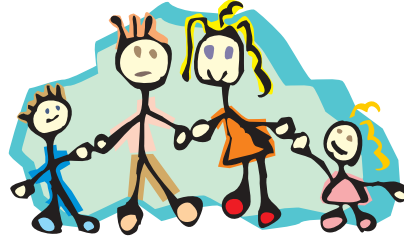


FMC Community Empowerment Preschool Scholarship Application, FY 2007



Date: _____

Reviewed:

Applicant Information

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: _____

Check Preschool Applying For:

- | | | |
|---|--|--|
| <input type="checkbox"/> Central Preschool | <input type="checkbox"/> The Learning Center - New Hampton | <input type="checkbox"/> Nora Springs Community Schools |
| <input type="checkbox"/> Fun in the Sun Preschool | <input type="checkbox"/> Merri-land Preschool | <input type="checkbox"/> Rainbow Preschool |
| <input type="checkbox"/> Growing Tree Preschool | <input type="checkbox"/> Nashua Plainfield | <input type="checkbox"/> RRRMR Preschool |
| <input type="checkbox"/> Immaculate Conception Preschool | <input type="checkbox"/> Noah's Ark Preschool | <input type="checkbox"/> St. John Christian Preschool |
| <input type="checkbox"/> Kids Care Preschool | | <input type="checkbox"/> St. Joseph Sunrise Preschool |
| <input type="checkbox"/> The Learning Center - Charles City | | <input type="checkbox"/> Washington Elementary, Charles City |

Other _____

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

Part A:

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

Medicaid Food Stamps Free School Meals Reduced School Meals SSI

FIP (Family Investment Program) Other (list) _____

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:

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 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.

Signature: _____

Date: _____

Preschool Provider Only Complete: (Required)

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

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

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

_____ Date: _____

Preschool Provider Signature (Required)

For Empowerment Use:

Reviewed by: _____

Date: _____