

# FY24 APPLICATION FOR SCHOLARSHIP PROGRAM



Parent(s) Name:

Address:

Zip Code:

Telephone Number:

Child's Name:

Child's Date of Birth:

Number in Family:

Gross Family Monthly Income:

**Please attach verification of income. Documentation can be any one of the following:**

\*Copy of 1 month's paycheck stubs.

\*Verification of income from your employer.

\*Copy of last year's W-2 form.

\*Other sources of income documentation (please discuss with the office).

Head of Household Education Level (This information is needed for statistical reporting.)

Middle School or Lower

GED

4 Year College Degree

Some High School

Trade/Vocational School

Masters Degree or Higher

High School Graduate

2 Year College Degree

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## OFFICE USE ONLY

Annual Income: \_\_\_\_\_

Poverty Level: \_\_\_\_\_

Approved  Denied

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

### Unit Scholarship Source and Rate Approved

Cedar Valley Promise (CVP)

Parent Fee: \_\_\_\_\_

Scholarship Fee: \_\_\_\_\_

Statewide Voluntary Preschool (VP)

Parent Fee: \_\_\_\_\_

Scholarship Fee: \_\_\_\_\_

United Way (UW)

Parent Fee: \_\_\_\_\_

Scholarship Fee: \_\_\_\_\_

Signature of Director: \_\_\_\_\_

Date of Signature: \_\_\_\_\_