



EVERY CHILD SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Child's Name:		Date of Birth:	
Parent/Guardian Name:		Phone:	
Address:			
City:	State:	ZIP Code:	
Email Address:			
How many people are currently residing with the child listed above?	_____ adults	_____ other children under 5 years	_____ other children 6-17 years old
Type of program you prefer: <input type="checkbox"/> nonprofit <input type="checkbox"/> private <input type="checkbox"/> faith-based <input type="checkbox"/> no preference <input type="checkbox"/> other _____			

BACKGROUND INFORMATION

Are you currently enrolled in Parents As Teachers? YES NO	Parent Educator's Name:		
What elementary school will your child attend?			
Is your child currently attending a preschool, child care or other out-of-home program? YES NO			
Please provide the name of the program:			
Has your child attended an out of home program in the past? YES NO			
Are you interested in full time or part time preschool for your child? Full time (5 hours+/day) Part time (less than 5 hours/day)			
Home language:			
Do primary caregivers (parents/guardians) work or attend school? YES-all YES-one but not all NO-none			
What are your usual work/school hours?			
What is the total average gross income/ month of the household? Under \$1,500 \$1,501-\$2,083 \$2,084- \$3,333 3,334+			
OR the total gross income/ year of the household? Under \$18,000 \$18,001-\$25,000 \$25,001-\$40,000 \$40,001			

SCHOLARSHIP REQUIREMENTS

All families receiving scholarships must complete the entire enrollment process prior to being approved for a scholarship.

All families receiving scholarships must be willing to participate in the Every Child Promise evaluation.

All families receiving scholarships must be enrolled in and participate fully in the Parents As Teachers program.

All families receiving scholarships must agree to abide by the Family Handbook of the preschool program they are attending.

All families receiving scholarships must maintain a 90% attendance rate, unless a child is ill or has a doctor's note that prevents the child from attending. Children who miss more than 5 consecutive days will no longer receive a scholarship and must reapply for scholarship funding.

Funding is provided to the preschool provider on behalf of the family. All costs beyond the scholarship are the responsibility of the family and must be paid on time. Failing to pay tuition costs according to the policies of the program will result in loss of scholarship.

It is important to maintain open communication with the preschool provider and Every Child Promise (ECP.) Families are encouraged to discuss any concerns, questions, or issues that need to be resolved with either or both provider and ECP.

We understand and agree to abide by the requirements listed, as well as those of the program we choose for our child to attend:

Signature of Parent/Guardian _____
Date



EVERY CHILD SCHOLARSHIP APPLICATION

For Office Use Only

Date application received: _____

Application Approved

Placed on Waiting List

Application Approval Date (or waiting list): _____

Family Contacted by: Phone Email Letter Date Contacted: _____

Programs that best suit the family's needs: _____

Program Family Chose: _____

Date of Acceptance: _____

Enrollment Date: _____

Notes: