

Small Faces Preschool Scholarship Application Form

Child's Name (Last Name)

(First Name)

(Middle Initial)

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Date of Birth

/ /

Age: _____

Sex: ___ Male ___ Female

Street Address:		
City:	State:	Zip:
Telephone (Day):	Telephone (Evening):	

Who may we contact regarding this application?

Name: _____ Relationship: _____ Phone number: _____

Mother/Guardian name: _____

Father/Guardian's name: _____

Guardian Address:

Street Address:		
City:	State:	Zip:
Telephone (Day):	Telephone (Evening):	
Email:	Email:	

I hereby certify that all the information contained in this application is true and correct. In addition, I have attached a copy of our family's most recent income tax return (s). Scholarship requests will not be considered without appropriate documentation. Financial documentation will be used solely to determine eligibility. I also understand that any misrepresentation of the information contained in this document does constitute fraud and will, therefore, deem this application null and void. If any information is falsified on this application or supporting documentation, the scholarship will immediately be revoked and all monies dispersed must be returned to the Small Faces Child Development Center.

Signature of Parents/Guardians: _____

Date: _____

Date: _____

Please mail or deliver to: Small Faces Child Development Center, c/o Scholarship Program, 9250 14TH Avenue NW Seattle, WA 98117.

Internal Use: Applicant Number: _____

Preschool Enrollment Information

Is child currently enrolled? Y / N What is requested start date? _____

Is child currently receiving any subsidized child care/preschool funding? Y / N

If receiving a subsidy, please state source and amount: _____

The Scholarship Program covers the Small Faces academic year, which runs from September through June, 2018-2019, for Preschool care.

Please note desired schedule (or if already enrolled, the schedule for which your child is enrolled):

Circle Days Desired, for a set of 5 days, 3 days or 2 days:

Monday Tuesday Wednesday Thursday Friday

Full Day ____ or **Partial Day** (Kangaroo Room Only) ____

Household Income Information

Number of People in Household _____ Number of Adults _____ Number of Children _____

Please provide a copy of your most recent Federal Income Tax Returns for all adult wage earners.

Internal Use:

Date Received: ____ / ____ / ____

Applicant Number: _____

Tax Return Received: Y / N

Awarded: Y/N **Level:** _____