

APPLICATION #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_



# PEOPLEPLACE

COOPERATIVE PRESCHOOL  
Box 644 - Camden, Maine 04843  
207 236-4225

## 2010-11 APPLICATION FOR SCHOLARSHIP

NAME OF CHILD: \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_  
PARENT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE INCLUDE A COPY OF FEDERAL TAX RETURNS (1040) FOR THE PREVIOUS YEAR. ALL INFORMATION PROVIDED WILL BE HANDLED IN A STRICTLY CONFIDENTIAL MANNER.

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### PROGRAM CHILD IS ENROLLED IN:

TODDLER:  MONDAY THRU FRIDAY  MON/TUES/THURS  WEDS/FRI  
UPSTAIRS:  MONDAY THRU FRIDAY  MON/TUES/THURS  WEDS/FRI

EXTENDED DAY UNTIL 3 PM: MON TUE (PLEASE CIRCLE) WED THUR FRI  
EXTENDED DAY UNTIL 5:30 PM: MON TUE WED THUR FRI

NUMBER OF MEMBERS IN THE HOUSEHOLD: \_\_\_\_\_  
ADJUSTED GROSS INCOME: \_\_\_\_\_  
(PLEASE ADD IN ANY ADDITIONAL INFORMATION NOT AVAILABLE FROM LINE 16 ON YOUR ATTACHED 1040)

MONTHS WHICH ASSISTANCE IS NEEDED: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

