



Hearing, Speech & Deaf Center

**Preschool Scholarship Application**

Child's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone/VP: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applying for (check one):     \_\_\_ Rosen Preschool     \_\_\_ Behnke Preschool

                                  \_\_\_ Fall   \_\_\_ Winter   \_\_\_ Spring   \_\_\_ Summer

Scholarship Amount Requested \_\_\_\_\_

Number of people in household:   \_\_\_ Adults   \_\_\_ Children/Dependents

**You must account for the income of ALL adult household members.**

<b>Income</b>	<b>Household Member 1</b>	<b>Household Member 2</b>	<b>Household Member 3</b>
Income from employment- (indicate per <b>month</b> or <b>year</b> )			
Income from unemployment			
Income from pension			
Income from Social Security (including SSI disability)			
Income from public assistance			
Other income (ex. property sale or rent, spousal or child support)			
<b>Total Individual Income</b>			
<b>Total Household Income</b>			

**Before Submitting:**

- Read attached information regarding scholarships.
- Attach a copy of the most recent tax return for each household member.
- Please complete the 2<sup>nd</sup> page of this application.

The above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Preschool Scholarship Application

1. Briefly explain your reasons for applying for a scholarship, with emphasis on your financial situation and needs of your child(ren).

2. If your child has any special needs, or there are any factors that make you think your child is a particularly good fit with this preschool classroom, please explain here. (Optional )

**HSDC Internal Use Only:**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Eligible: Y      N

Amount Awarded: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_