

**TMC - Madison Community House
Preschool Scholarship Application**

The MCH Preschool offers scholarships to families who qualify based on needs and funds. We also keep our tuition as low as possible, while striving to provide a quality preschool experience. The Laura E. Allocco Scholarship is funded by generous community members who support our exceptional school and recognize the value of early childhood education.

Child's Name: _____ Class _____

Child's date of birth: ____/____/____

Parents Names: Father _____ Mother _____

Address: _____ email: _____

Home phone: _____ Mother's cell _____ Father's cell _____

Is child living with: ____ Mother ____ Father ____ Both ____ Other Specify _____?

Age and relationships of others in the household:

Name	Relationship	Age (if child)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Family monthly income (including all members contributing to the household) \$ _____

Please describe any special financial circumstances that may be affecting your family's current budget:

Does your last year's tax return provide an accurate picture of your current situation? Y__ N__

If no, please explain special circumstance that make it difficult to pay full tuition: _____

The MCH Preschool awards the Laura E. Allocco Scholarship to families who qualify based on financial need and funds available. Parents are expected to contribute financially to their child's tuition, as such only partial scholarships are awarded. Please indicate the monthly amount requested: \$ _____

Please attach a copy of the front and back of your most recent 1040 tax form. Scholarship requests will not be considered without this document. It will solely be used to determine eligibility, kept secure and shredded after scholarships have been awarded. If you did not file US income tax forms last year, please speak with the Director to determine what documents you need to submit.

I hereby certify that all of the information in this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature

_____/_____/_____
Date

Please Print Name

Office Use Only:

Scholarship Granted: ____ Scholarship Denied: ____

Monthly Amt \$____ Beginning Date____ Ending ____

Comments: _____

By Action of: _____ / _____ / _____
Name Date

Signature