

# Community Partnership Preschool Scholarship Application

## Student Information

Student Name	
Street Address	
Mailing Address (if different)	
City, State, Zip	
Home Phone	
Parent's Cell Phone	
Gender	Check one <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Current Age _____	Date of Birth (mm/dd/yyyy) ____/____/_____
Current Child Care/Preschool Provider, if any (indicate Head Start/EDN/etc. also)	

## Parent/Guardian Information

Custodial Parent(s)/Guardian(s):	
Student living with: (mark all that apply) <input type="checkbox"/> Natural Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Natural Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian/Foster Parent <input type="checkbox"/> Other (specify) _____	
Father's Name:	Mother's Name:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Highest Level of Education:	Highest Level of Education:
Guardian Information (if different)	
Name:	
Cell Phone:	
Email Address:	
Mailing Address:	

## Scholarship Eligibility Information

Did you apply to Swede Preschool Academy for the 2023-2024 school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child too young
Does your family qualify for the Federal Free/Reduced Meal Program?  (If you do not know or if you'd like help completing the form prior to submitting your application, contact <a href="mailto:GECLC.coordinator@gmail.com">GECLC.coordinator@gmail.com</a> or 308-529-8784)	<input type="checkbox"/> Yes - income verification form is attached <input type="checkbox"/> Yes - I would like help filling out the form <input type="checkbox"/> No
Does the student have a current Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom: _____
Is the student a ward of the court or has he/she been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, caseworker name: _____
Age of parents at child's birth	Mother: _____ Father: _____ Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
My child was born	<input type="checkbox"/> Full Term (37 or more weeks gestation) <input type="checkbox"/> Premature (before 37 weeks gestation - <i>provide documentation</i> )
Birth Weight	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak a language other than English in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
Do you have any concerns about your child's development?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____

Parents/Guardians:

- Your signature acknowledges the accuracy of the information provided.
- Your signature authorizes the use of this information by Gothenburg Early Childhood Learning Coalition and Gothenburg Public Schools and its personnel for internal purposes.
- Your signature verifies that you have examined, read and agree to all information and statements on this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Completed applications should be mailed to or dropped off at the GECLC office, 1001 Lake Avenue, Gothenburg, NE 69138 or emailed to [GECLC.coordinator@gmail.com](mailto:GECLC.coordinator@gmail.com).

**Completed applications are due June 30, 2023**

## Family Income Verification Form

List everyone living at your address, ages of children under 18, current income each person earns, and how often:

First and Last Name	Adult	Age if under 18	Income from work before deductions or child support payment	How often are you paid?
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Total number of household members:</b> (children and adults) _____				

Check the following types of public assistance you currently receive, how much, and how often you receive them:

	Type of Assistance	How much do you receive?	How often?
<input type="checkbox"/>	Aid to Dependent Children/TANF		
<input type="checkbox"/>	Childcare Subsidy/Title XX		
<input type="checkbox"/>	SNAP (Food Stamps)		
<input type="checkbox"/>	Housing Voucher/Section 8		
<input type="checkbox"/>	Unemployment		
<input type="checkbox"/>	Utilities Assistance/LIHEAP		
<input type="checkbox"/>	WIC (Women, Infants and Children Nutrition)		
<input type="checkbox"/>	Other:		

I promise that all information on this application is true and that all income is reported. I understand this information is given voluntarily in order to determine eligibility for scholarships and/or tuition assistance.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_