



# KIRKWOOD EVERY CHILD PROMISE FAMILY SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Child's Name:		Date of Birth:
Parent/Guardian Name:		Phone:
Address:		
City:	State:	ZIP Code:
Email Address:		
How many people are currently residing with the child listed above?	_____ adults	_____ other children under 5 years _____ other children 6-17 years old

Type of program you prefer:  nonprofit  private  faith-based  no preference  other \_\_\_\_\_

## BACKGROUND INFORMATION

Are you currently enrolled in Parents as Teachers? YES NO	Parent Educator's Name:
What elementary school will your child attend?	
Is your child currently attending a preschool, childcare or other out-of-home program? YES NO	
Please provide the name of the program:	
Has your child attended an out-of-home program in the past? YES NO	
Are you interested in full time or part time preschool for your child? Full Time (5 hours+/day) Part Time (less than 5 hours/day)	
Home primary language:	
Do primary caregivers (parents/guardians) work or attend school? YES-all YES-one but not all NO-none	
What are your usual work/school hours?	Is transportation an obstacle for your family?
What is the total average gross household income per year for your household? Please attach necessary documents from all sources including gross wages, tips, Social Security, disability, pensions, annuities, alimony, child support, unemployment, public aid, or self-employment. If divorced, please include a copy of the documents detailing financial responsibilities, if applicable.	

## SCHOLARSHIP REQUIREMENTS

All families receiving scholarships must complete the entire enrollment process prior to being approved for a scholarship.

All families receiving scholarships must be willing to participate in the KAEChP evaluation.

All families receiving scholarships must be enrolled in and participate fully in the Parents as Teachers program.

All families receiving scholarships must agree to abide by the Family Handbook of the preschool program they are attending.

All families receiving scholarships must maintain a 90% attendance rate, unless a child is ill or has a doctor's note that prevents the child from attending. Children who miss more than 5 consecutive unexcused days will no longer receive a scholarship and must reapply for scholarship funding.

Funding is provided to the preschool provider on behalf of the family. All costs beyond the scholarship are the responsibility of the family and must be paid on time. Failure to pay tuition costs according to the policies of the program will result in loss of scholarship.

It is important to maintain open communication with the preschool provider and KAEChP Families are encouraged to discuss any concerns, questions, or issues that need to be resolved with either or both provider and KAEChP

We understand and agree to abide by the requirements listed, as well as those of the program we choose for our child to attend:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please note that there is an additional question to complete on the reverse side. Do not hesitate to call 314.961.3233 if you need assistance or have questions in regard to filling out this application.**

Please include a brief overview of your family situation that explains why you are applying for financial assistance through Kirkwood Area Every Child Promise.

Please share any stressors that you feel impact your situation.