

Little Learners Spectrum Center

SCHOLARSHIP APPLICATION FORM

Free Full-Day Pre-K Program (DESE-Funded)

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Student Information

Child's Full Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Other

Does the child have an IEP or special needs? ☐ Yes ☐ No

If yes, please describe briefly: _____

Employment & Education

Are you currently employed? ☐ Yes ☐ No

Employer Name: _____

Occupation: _____

Work Phone: _____

Hours per Week: _____

Are you currently attending college or vocational training? ☐ Yes ☐ No

School Name: _____

Program of Study: _____

Financial Information

Total Gross Household Income (before taxes): \$_____ per ☐ week ☐ month ☐ year

Number of Adults in Household: _____

Number of Children in Household: _____

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Statement of Need

Why would receiving this Pre-K scholarship benefit your family?

(Please be detailed and share your family's story and need.)

I certify that the information provided in this application is true and complete to the best of my knowledge.

I understand this information is confidential and will be used solely to determine scholarship eligibility.

Parent/Guardian Signature: _____ Date: _____