

Preschool Scholarship Application

7/1/2021-6/30/2022

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

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If child’s birthday is September 15, 2016 or before, then the child is not eligible.

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County (must live in Black Hawk) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Annual Income (Income before taxes and other fees are taken out) \_\_\_\_\_\_\_\_\_

(Submit your 2020 Tax Information or 1 Month of recent, consecutive paystubs)

Any additional income (i.e., child support, FIP, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status of \_\_ Married \_\_ Single \_\_ Widowed

Head of Household \_\_ Partnered \_\_ Divorced \_\_ Separated

Education Level \_\_ Middle School or Less \_\_ Some High School

Head of Household \_\_ High School Diploma \_\_ GED

 \_\_ Trade or Vocational Training \_\_ 2-Year Degree

 \_\_ 4-Year Degree \_\_ Master’s or Higher

Race of Head of \_\_ Native American or Alaska Native

Household \_\_ Native Hawaiian or Pacific Islander \_\_ Multi-Racial

 \_\_ African American \_\_ Asian \_\_ White

Is Child Hispanic or Latino? \_\_ Yes \_\_ No

Size of Household \_\_\_\_\_\_ Does child currently receive child care assistance? Y N

If your child is already registered for preschool, please fill out the following information:

Name of Preschool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days and Time Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the release of my name, my child’s name, my income, and size of household to Cedar Valley’s Promise Board and/or their designees and/or preschools for the purpose of tracking the program success and to establish my eligibility for the program. I have read, understand, and agree to the terms of the Preschool Scholarship Guidelines. Cedar Valley’s Promise Board contracts with SuccessLink, a local non-profit to analyze all program outcomes through shared demographic, income, attendance, enrollment and academic progress data. All generated reports are aggregate – no individual data is ever displayed or released by SuccessLink.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent or Guardian

Please return to: Cedar Valley’s Promise, 4231 Cedar Ridge Circle, Hazel Green WI 53811 or email to cedarvalleyspromise@gmail.com