

**DISCOVERY MI PRESCHOOL  
Scholarship Form  
2016/2017**

Please fill out the following information, attach the necessary documents (photocopies only) and return to:

Discovery MI Preschool  
1301 Beech Street  
Scranton PA 18505

**PLEASE PRINT ALL INFORMATION!**

Date of Application : \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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

County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How long: \_\_\_\_\_ Yrs \_\_\_\_\_ Mths

Email: \_\_\_\_\_

Family Size: \_\_\_\_\_ Adults

\_\_\_\_\_ Children

Name of School Child(ren) attend: \_\_\_\_\_

Household Members: List **everyone** who lives with you:

<b>NAME</b>	<b>AGE</b>	<b>SEX</b>	<b>SCHOOL/EMPLOYER</b>	<b>DOB</b>

Are you a Single Parent Household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Total Household Income is: \_\_\_\_\_ Under \$15,000  
\_\_\_\_\_ \$15,000 to \$25,000  
\_\_\_\_\_ \$25,001 to \$35,000  
\_\_\_\_\_ \$35,001 to \$45,000  
\_\_\_\_\_ \$45,001 to \$50,000  
\_\_\_\_\_ over \$50,000

*Please Itemize your Monthly Income and Expenditure*

Wages, Salaries and Tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment Benefit	\$ _____	Utilities:	\$ _____
Social Security Benefit	\$ _____	Food:	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to Dependent Children	\$ _____	Phone	\$ _____
Food Stamps/WIC	\$ _____	Car & Insurance	\$ _____
401K/Retirement Funds	\$ _____	Child Support	\$ _____
Alimony	\$ _____	Medical	\$ _____
Medical Insurance	\$ _____	Other	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

If funds from CCIS are available to the family, they are NOT eligible for the Scholarship Program. If the Family is still on the CCIS waiting list, they are eligible for monthly Scholarship payments UNTIL CCIS funds come available.

**You must attach last year's Internal Revenue Services (IRS) Tax Statement (1040 Form) and your most recent pay stub to verify your annual earning. If this is not provided, the application can not be processed.**

I affirm to the best of my knowledge that all the above information is true and complete. I know if I knowingly give false or misleading information I am liable for prosecution under State Law. I agree to provide additional documentation on request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name (Please Print)\_

**TO BE FILLED OUT BY DISCOVERY MI PRESCHOOL DIRECTOR:**

Approximate monthly cost for child:        \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Director