

# Northville Public Schools Early Childhood Education and Extended Day Programs



## *Scholarship Program Guidelines and Application*

The purpose of the scholarship program is to provide need-based financial assistance in the form of full or partial preschool tuition assistance for children four-years old by September 1 of application year in ECE programs.

Scholarships vary in amount, depending on need and availability of funds, and are granted for one year unless otherwise specified when approved. An application must be submitted by each parent/guardian seeking scholarship funds for eligible children. Submission of all required application information is required before an application will be considered.

Families must meet income eligibility guidelines as outlined in the Income Eligibility Chart. Preference is given to families living at or below the 250% poverty line. Income and household size are verified by a Federal Income Tax Form (1040).

### **Application Process**

- Complete the NPS Early Childhood Education Scholarship Application.
- Submit a copy of the most recent Federal Income Tax information/form. (1040)
- Provide Original Copy of Certified Birth Certificate upon request.
- Gather Residency Documentation upon request.
  - Signed lease or property statement
  - Two additional documents: utility bill, bank statement, etc.
- Submit a copy of residency verification, custodial agreement or divorce decree upon request.

### **APPLICATION**

Child's First & Last Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

#### **Parent/Guardian #1**

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

Address \_\_\_\_\_  
Street City State/Zip

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (c)

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

Employer: \_\_\_\_\_ Annual income \_\_\_\_\_

Status of parents: \_\_\_\_\_ Living Together \_\_\_\_\_ Living Apart

Child lives with: \_\_\_\_\_

Please indicate percentage of time child spends in Parent/Guardian #1 household \_\_\_\_\_

Number of People in Household: \_\_\_\_\_ *List all **other** adults and children in the home:*

<b>Name</b>	<b>Age</b>	<b>Relationship to Child</b>

Does Parent/Guardian #1 earn additional income or receive additional assistance from any of the following?

Unemployment: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Family Income: \_\_\_\_\_ Monthly \_\_\_\_\_ Annually

Please explain any special financial circumstances affecting the family budget at this time.

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Do you feel you are able to contribute any finances toward your child's tuition? Y N

If so, what amount monthly? \_\_\_\_\_

Briefly state any concerns you have in the following areas:

Child health/development factors: \_\_\_\_\_

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Family circumstances or parent/parenting factors: \_\_\_\_\_

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*I certify that I have provided information which is true and accurate to the best of my knowledge. I understand that all information contained in this application is confidential.*

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2

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

Address \_\_\_\_\_  
Street City State/Zip

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (c)

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

Employer: \_\_\_\_\_ Annual income \_\_\_\_\_

Status of parents: \_\_\_\_\_ Living Together \_\_\_\_\_ Living Apart

Child lives with: \_\_\_\_\_

Please indicate percentage of time child spends in Parent/Guardian #2 household \_\_\_\_\_

Number of People in Household: \_\_\_\_\_ *List all **other** adults and children in the home:*

<b>Name</b>	<b>Age</b>	<b>Relationship to Child</b>

Does Parent/Guardian #2 earn additional income or receive additional assistance from any of the following?

Unemployment: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Family Income: \_\_\_\_\_ Monthly \_\_\_\_\_ Annually

Please explain any special financial circumstances affecting the family budget at this time.

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Do you feel you are able to contribute any finances toward your child's tuition? Y N

If so, what amount monthly? \_\_\_\_\_

Briefly state any concerns you have in the following areas:

Child health/development factors: \_\_\_\_\_

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Family circumstances or parent/parenting factors: \_\_\_\_\_

*I certify that I have provided information which is true and accurate to the best of my knowledge.  
I understand that all information contained in this application is confidential.*

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Student No.** \_\_\_\_\_

Required information collected:

\_\_\_\_\_ Residency

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Immunization

\_\_\_\_\_ Recent Physical

\_\_\_\_\_ Income Verification

Income eligible: Yes \_\_\_\_\_ No \_\_\_\_\_ Family size: \_\_\_\_\_

Risk factors: # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

IEP? No \_\_\_\_\_ Yes \_\_\_\_\_ Last IEP \_\_\_\_\_

Eligibility area(s): \_\_\_\_\_

Family services received: \_\_\_\_\_