Fletcher Place Community Center Preschool
Scholarship Application

Date of Application: _____

Parent Name: _____

Student Name: _____

Birthdate: _____

Household Members

	Name	Relationship	Date of Birth	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Income Information

If employed, **MUST include documentation for prior 4 weeks of gross income from date of application**. Other income includes (but is not limited to): Social Security Benefits, Child Support/Alimony. These amounts must be counted for all members in the household.

Wages (gross earnings)	$ _____	/month for total household income
Self Employment	$ _____	/month
Other Income	$ _____	/month
Total Income	$ _____	/month

*Please be sure to complete both sides of application and sign.

Fletcher Place Community Center Preschool Scholarship Application

Students Registration

	Name	Age	Class	Full Rate
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
TOTAL				**$** _____

Weekly Fee Information

Tuition	$	_____	/week
Client % of Full Fee		_____	%
Client Amount (income-based rate)	$	_____	/week
Total Client Fee	**$**	_____	***/week**

Effective Date (date child starts): _____

End Date*: _____

*3-4 yr. olds end date = kindergarten start date _____

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

_____ _____

Accounting Signature Date

*Please be sure to complete both sides of application and sign.

Copy of Income information: _____

Auto Debit: _____

Guardianship Paperwork: _____

Registration Paid: _____