



# REACH Early Learning Scholarship Application



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

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

Phone/Email: \_\_\_\_\_

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

### 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

\_\_\_\_\_  
Parent Signature & Date

\_\_\_\_\_  
Parent Signature & Date

\*Please be sure to complete application, provide income documentation and sign.



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## OFFICE USE ONLY

### Students Registration

	Name	Age	Class	Full Rate
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
<b>TOTAL</b>				<b>\$ _____</b>

### 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 \_\_\_\_\_

Copy of Income information: _____
Auto Debit: _____
Guardianship Paperwork: _____
Registration Paid: _____

\*Please be sure to complete application, provide income documentation and sign.