Avery School District
Early Learning Program
Scholarship Application Form

Scholarships are based on financial need, household income, and availability of funds. All information will be kept confidential and used solely for the purpose of determining eligibility for assistance.

Section 1: Parent/Guardian Information

Parent/Guardian Name(s):

Address:

Phone Number: _____
Email: _____

Section 2: Child Information

Child's Full Name: _____
Date of Birth: _____
Program Applied For:
☐ Half-Day (AM) ☐ Half-Day (PM) ☐ Full-Day ☐ Drop In ☐ Extended hours

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Section 3: Household Information

Total Number of People in Household (including children): _____

List all household members and their ages:

Name	Age	Relationship to Applicant

Section 4: Income Information

(Attach documentation such as pay stubs, W-2s, or benefit award letters)

Gross Monthly Household Income (before taxes):
$_____

☐ I have attached copies of documentation for all income sources.

Sources of Household Income (check all that apply):
☐ Employment (self or partner)
☐ Unemployment Benefits
☐ Social Security
☐ Child Support
☐ SNAP/Food Stamps
☐ TANF/Cash Assistance
☐ Other (please specify): _____

Section 5: Level of Need

Please briefly explain your family's current financial situation and why you are requesting a scholarship. Include any special circumstances (e.g., medical expenses, single parent household, recent job loss, housing instability, etc.)

Section 6: Certification

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that providing false or incomplete information may disqualify me from receiving scholarship assistance. I agree to provide additional documentation if requested.

Signature of Parent/Guardian: _____
Date: _____

OFFICE USE ONLY
☐ Approved ☐ Denied ☐ Pending Further Info
Scholarship Amount Awarded: _____%
Reviewed By: _____ Date: _____