**ENDICOTT PRESCHOOL**

29 Grant Ave., Endicott NY 13760

Phone: 607-748-1744 Email: businessdirector@endicottpreschool.org

**SCHOLARSHIP APPLICATION FORM 2024-2025**

**Confidential Information**

The Endicott Preschool accepts children without regard for religion, race, color, national origin, sex, age, or disability. Tuition assistance is available on a first come, first served basis to children from families whose income meets the Department of Health and Human Services Poverty Guidelines. If you think you may qualify for assistance, please complete this application form and return it to the school as soon as possible with a copy of your most recent tax return’s summary page. Please note, in order to provide as many area children as possible with a preschool program, scholarship assistance is currently reserved for children in our Threes’ Program, Pre-K children who do not have an open, free UPK slot in their home district at the time of applying for scholarship assistance, and five year old children who would benefit developmentally from an extra year of Pre-K but their school district lacks an Early Kindergarten program &/or slot for them. Please call the office if you have questions or concerns. Answers to frequently asked questions:

1. **Do I need to fill out an application for each child?** No, fill out one application per household.
2. **Who is eligible?** Children in households getting Food Stamps or TANF, most foster children, and children from households whose income falls within the guidelines may apply for scholarship assistance. ***A copy of the most recent household income tax return is required.***
3. **I get WIC, is my child eligible?** Your child may be eligible. Please fill out an application.
4. **Will the information I supply be checked?** We may ask you at any time to verify your eligibility.
5. **If I don’t apply now, may I apply later?** Yes, you may apply at any time during the school year if your household size goes up or down, if you start getting food stamps, TANF or other benefits, you lose your job or your hours are cut.
6. **May I apply if someone in my household is not a US citizen?** Yes, you or your children do not have to be US citizens to apply.
7. **Who should I include as members of my household?** You must include ALL people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
8. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get $1,000 each month, but you missed some work last month and only got $900, put down that you get $1,000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**Income Chart:** The following chart lists income levels according to household size & income levels received. If your **total household income** is the same or less than the amounts on the Income Chart below, your children **may** be eligible to receive one of the four levels for scholarship assistance while your student is at Endicott Preschool.

**Eligibility Income Chart**

**(with percentage off)**

|  |  | | |  |
| --- | --- | --- | --- | --- |
| **Household size** | **25%** | **50%** | **75%** | **90%** |
| **1** | **$37,650.00** | **$26,355.00** | **$19,578.00** | **$15,060.00** |
| **2** | **$51,100.00** | **$35,770.00** | **$26,572.00** | **$20,440.00** |
| **3** | **$64,550.00** | **$45,185.00** | **$33,566.00** | **$25,820.00** |
| **4** | **$78,000.00** | **$54,600.00** | **$40,560.00** | **$31,200.00** |
| **5** | **$91,450.00** | **$64,105.00** | **$47,554.00** | **$36,580.00** |
| **6** | **$104,900.00** | **$73,430.00** | **$54,548.00** | **$41,960.00** |
| **7** | **$118,350.00** | **$82,845.00** | **$61,542.00** | **$47,340.00** |
| **8** | **$131,800.00** | **$92,260.00** | **$68,536.00** | **$52,720.00** |
| **Each additional** | **$13,450.00** | **$9,415.00** | **$6,994.00** | **$5,380.00** |

***\*\*\*Please remember this is based on the HOUSEHOLD GROSS INCOME. When turning in your 2023 tax return it will need to either be one filed jointly or multiple returns filed separately for working adults.***

***To apply for scholarship assistance - read the instructions, complete only one form per household, sign your name, and return it to the school with a copy of your most recent Income Tax return’s summary – page 1. For assistance, please call the Endicott Preschool’s Business Director Jane Kamper at 607-748-1744. You may attach additional paper if more space is needed. If there is a scholarship awarded, there are attendance requirements that must be followed***

**PLEASE PRINT:**

1. **Children *enrolled* in Endicott Preschool:**

***Names:***

***Last First Date of Birth Class***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Foster Child: Contact the school for assistance.**
2. **Households getting Food Stamps or Temporary Assistance to Needy families (TANF): Complete this section and sign the application. Write your case number as provided on your benefit letter, not the number on your benefit card.**

**Food Stamp Case #\_\_\_\_\_\_\_\_\_\_\_ TANF Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Household Members & Total Household Income:**

| **Show how often each amount is received.** | **Current Income/Pay Period**  **Examples: $100/weekly, $100/2x per month, $100/monthly**  **If pay period is not noted, we will process the reported income as received weekly.** | | | |
| --- | --- | --- | --- | --- |
| **List the Names of Everyone in Your Household** | **Earnings From Work Before Deductions** | **Child Support, Alimony, Etc.** | **Payments From Pension or Retirement** | **Other Income** |
| **1.\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2.\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3.\_\_\_\_\_\_\_\_\_\_\_\_\_**  **4.\_\_\_\_\_\_\_\_\_\_\_\_\_**  **5.\_\_\_\_\_\_\_\_\_\_\_\_\_**  **6.\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Amount/How Often**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_** | **Amount/How Often**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_** | **Amount/How Often**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_** | **Amount/How Often**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_/\_\_\_\_\_** |

1. **SIGNATURE: An adult household member must sign the application before it can be approved.**

I certify that all of the information is true and that all income is reported. I understand that the school may verify the information and that deliberate misrepresentation of the information may result in scholarship assistance being withdrawn.

**NAME (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY NUMBER: \_\_\_ \_\_\_ \_\_\_-\_\_\_ \_\_\_-\_\_\_ \_\_\_ \_\_\_ \_\_\_** (person filling out information)

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Mailing Address Zip Code

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Home Telephone Cell Phone Work Phone

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