



# Scholarship Application

Limited scholarship is available.

If your family is applying for Scholarship please complete this form and send it along with all necessary documents to the ECE Admission Office, 20 Bridge St. Greenwich, CT 06830. Attn: Pati Guza

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First

Marital Status of Parents:  Married  Separated  Divorced  Single

Parent 1 Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Working:  Yes  No Yearly income: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Working:  Yes  No Yearly income: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Family Gross Annual Income: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

Please attach ALL of the following documents to this application. Your scholarship request cannot be determined without them.

- \_\_\_\_ Child's Birth Certificate
- \_\_\_\_ A copy of your entire most recent Income Tax Return (2018) or form 4868 if filed for an extension.
- \_\_\_\_ One month of current paystubs or a letter from employer for every working adult in the household or self-employment notarized letter. If one of the parents isn't working please bring a notarized unemployment letter.
- \_\_\_\_ Documentation of any other income
  - \_\_\_\_ Child Support
  - \_\_\_\_ SSI Documents
  - \_\_\_\_ Public Assistance Documents
  - \_\_\_\_ Other

A Care4 Kids application must be completed and submitted to Care 4 Kids by those who meet that eligibility in order to be considered for scholarship from Family Centers. Please attach a copy of that application.  
Date Care4 Kids Application Submitted: \_\_\_\_\_

I certify that all of the above information is true and correct and that all income is reported. I understand that this information may be used to determine eligibility for State funded scholarship and that deliberate misrepresentation of the information may make me ineligible to receive or continue to receive scholarship. I also understand that it is my responsibility to notify the program director of any changes in family income.

\_\_\_\_\_  
Signature: Parent or Guardian Printed Name Date

