

CCSU Pre-Kindergarten Scholarship Application 2024-2025

Adult Parent/Legal Guardian #1

Name: _____ Date of Birth: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____

Check all that apply:

Place of Employment: _____

Enrolled Student: How many hours? _____

Adult Parent/Legal Guardian #2

Name: _____ Date of Birth: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____

Check all that apply:

Place of Employment: _____

Student, how many hours? _____

How many are in household? _____

List all dependents, children or adults who are claimed on your tax return:

	First Name	Last Name	DOB	Relationship to Applicant
1			/ /	
2			/ /	
3			/ /	
4			/ /	
5			/ /	

Student Information

Child's Name: _____

Child's Date of Birth: _____ Age: _____

Child's Address: _____

City: _____ Zip Code: _____

Parent/Legal Guardian Consent:

The information provided in this application and the supporting documents is true and accurate to the best of my knowledge. I understand that upon notification of scholarship award, I will be required to complete and submit all additional enrollment information including: CT Early Childhood Health Assessment Record with updated vaccination record included, and signed/dated by child's physician, Center Policies and Procedures Agreement, Behavior Management Policy Agreement, Authorized Permission for Emergency Medical Treatment, Authorized Permission for Alternate Pick-Up, Authorized Permission for Emergency Pick-Up, Photo Consent Preference Form, Activities Away from the Premises Preference Form, and any other required documents. All documents are required to be submitted within 7 days of scholarship notification or risk scholarship award revocation and reallocation to another qualified applicant.

Parent/Legal Guardian #1 Signature: _____ **Date:** _____

Parent/Legal Guardian #2 Signature: _____ **Date:** _____