

Scholarship Application 2023-2024

St. Paul Early Education Center

For office use only

Date rec'd _____
Date notified _____

Name of child _____ Class child will attend _____ Today's date _____

Please complete the following information, sign the application and submit with recent pay stubs to verify monthly income.

(Application will not be considered until monthly income is verified.) **Return application and supporting documents to: Confidential Scholarship App. St. Paul Early Education Center 276 E. Bagley Rd. Berea, OH 44017**

Household Members: List the name of each person living in your household, including yourself and the child listed above.

Social Security Number: Print the Social Security number of each adult 21 or older. If none, please indicate "None".

Income: List all income received last month on the same line as the person who received it. Please list income BEFORE deductions for taxes, social security, etc. List each income by category and total the income for the household.

To determine monthly income, if you receive income: Every week, multiply the total gross income by 52 and divide by 12;
Every two weeks, multiply the total gross income by 26 and divide by 12;
Twice a month, multiply the total gross income by 2; or
Once a year, divide the total gross income by 12.

Are you presently receiving benefits from any of the following programs? WIC _____ Medicaid _____ School lunch program _____

If there are special circumstances to be considered, please use the back of the application.

Total monthly income (details below) \$ _____

List all household members Last name, first name, and age (check one)	Under 21	Over 21	Social Security number	Gross earning from	Welfare Child Sup Alimony	Pensions Retirement Soc Sec	All Other Income
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

I certify that all of the above information is true and correct and That all income is report.

_____ Print name of adult household member

_____ Signature of adult household member

_____ Address

All information will be kept in strict confidence.

Telephone - personal _____ Telephone - work _____

St. Paul EEC use only Approved _____ Denied _____ Date _____ Amount _____ Schedule _____