

**MILLBROOK EARLY  
CHILDHOOD  
EDUCATION CENTER**

**SCHOLARSHIP FORM**

**Date:**

**Child's Name:**

**Date of Birth:**

**Gender:**

**M / F**

**Parent/Guardian #1 Name:**

**Address:**

**Phone (Cell/Home/Work):**

**Email:**

**Occupation:**

**Parent/Guardian #2 Name:**

**Address:**

**Phone (Cell/Home/Work):**

**Email:**

**Occupation:**

**Family Information:**

**Name of sibling(s)**

**Age(s)**

**School Attending / Tuition / Fees**

**Other Adult(s) Providing For The Child**

**Relationship to the Child**

**Name**

**Employer**

**Income (Past Year):**

**Income (Current):**

Other Expenses:

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Mortgage/Rent:

Education Loans:

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Medical Needs:

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Other:

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Name:

Signature:

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Relationship to the Child:

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**\*A complete application includes a completed MECEC tuition assistance form and federal tax information. All decisions concerning assistance are made by the Executive Director, who holds information in the strictest confidence.**

**Requests for financial assistance are evaluated annually and must be applied for every year. Tuition assistance applications are expected to be submitted with the upcoming years registration form.**

**ATTACH A COPY OF THE PREVIOUS YEARS FEDERAL TAX RETURNS TO THIS APPLICATION**

**After completing your application please return it to MECEC by one of the three following methods:**

**Fax to: 845-677-3189**

**Email to: [agarcia.mecec@gmail.com](mailto:agarcia.mecec@gmail.com)**

**Mail to MECEC: P.O. Box 757 / Millbrook, NY 12545**

**Mail to:**

**Millbrook Early Childhood Education Center**

**P.O. Box 757**

**Millbrook, NY 12545**

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**For School Use Only**

**Date Scholarship Form received:**

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**Accepted:**

**Scholarship Amount:**

