

**MILLBROOK
EARLY CHILDHOOD
EDUCATION
CENTER**

SCHOLARSHIP FORM

Date:

Child's Name:

Date of Birth:

Gender: M (Boy) / F (Girl) / Other

Parent/Guardian #1 Name:

Address:

Phone (Cell/Home/Work):

Email:

Occupation:

Parent/Guardian #2 Name:

Address:

Phone (Cell/Home/Work):

Email:

Occupation:

Child's Primary Residence: Both / Parent 1 / Parent 2 / Guardian

Family Status: Married / Divorced / Single / Other

Name of sibling(s) Age(s) School Attending / Tuition / Fees

Other Adult(s) Providing for The Child:

Relationship to the Child:

Employer:

Income (Past Year):

Income (Current):

Other Expenses:

Mortgage/Rent: Education Loans:

Medical Needs:

Other:

Do you receive child support? Yes / No

Name:

Signature:

Relationship to the Child:

**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 year's 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:

Email to: agarcia.mecec@gmail.com

OR

Fax to: 845-677-3189

OR

Mail to:
Millbrook Early Childhood Education Center
P.O. Box 757
Millbrook, NY 12545

For School Use Only:

Date Scholarship Form received:

Accepted: Scholarship Amount:
