

APPLICATION FOR ICF PRESCHOOL SCHOLORSHIP FUND

This application is for financial assistance from ICF in order to enable your child(ren) to attend IPS. It will remain confidential between the applicant and ICF and IPS will only be notified if approved and only for the amounts allotted.

Name: _____

Mailing address: _____

Physical address (if different): _____

Telephone number(s): _____

Email address: _____

Who lives in child's household including yourself?

_____ Relationship to child _____

_____ Relationship to child _____

_____ Relationship to child _____

_____ Relationship to child _____

Please list child/children registering for Islesboro Preschool:

Child _____ Age: _____

Child _____ Age: _____

How many days a week would your child/ren be attending the school?

Is your child/ren a part time (half day) or full time (whole day) student?

Where do you work now? _____ [] Fulltime [] Part-time

Where does your spouse/partner work now? _____ [] Fulltime [] Part-time

Gross monthly Salary for household _____

Please explain why you are applying to the scholarship fund?

Please list monthly expenses such as (food, heat, car payment, phone payment, rent/mortgage, etc...)

Please include any other relevant financial or background information.