



**APPLICATION FOR THE ICF PRESCHOOL SCHOLARSHIP FUND**

This application is for financial assistance from the Islesboro Community Fund to help enable your child(ren) to attend the Islesboro Preschool. Per mutual agreement between ICF and IPS, up to 50% of the cost of tuition can be awarded. All information required below will remain confidential between the applicant and ICF. IPS will only be notified *if* approved and *only* for the scholarship amount allotted.

**DEADLINES:** The ICF Board meets on the 2<sup>nd</sup> Thursday of each month. Applications must be received by the end of the previous month.

**1) Applicant information**

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if Different) \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

**2) Household members (please include yourself)**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**3) Name of child(ren) registering**

**for Islesboro Preschool:**

Page 1 of 3

Child: \_\_\_\_\_ Age \_\_\_\_\_

Child: \_\_\_\_\_ Age \_\_\_\_\_

Child: \_\_\_\_\_ Age \_\_\_\_\_

**4) Financial information**

What is the monthly income for the household? \_\_\_\_\_

Monthly household expenses:

Rent/mortgage payment: \_\_\_\_\_

Heat/fuel: \_\_\_\_\_

Electricity: \_\_\_\_\_

Phone/Internet: \_\_\_\_\_

Food: \_\_\_\_\_

Car payment: \_\_\_\_\_

Other (please list):

**5) For what session are you applying** Page 2 of 3 **for assistance?**

Sept-Feb \_\_\_\_\_

Mar-mid-June: \_\_\_\_\_ Summer: \_\_\_\_\_

**Please note:** If you think you will need assistance for the entire year, ICF will not require a separate application for each term but will require an update on your financial status prior to the start of each term.

How many days a week will your child(ren) be attending school? \_\_\_\_\_

Half day \_\_\_\_\_ . Or Full day \_\_\_\_\_

What is the total cost per week? \_\_\_\_\_

(Sept-June: Infant/toddler= \$17.50 half day, \$23 full day. PreK= \$17.50/day no half day option.  
Summer: \$25/day for all)

Scholarship amount requested? \_\_\_\_\_

**6) Please explain why you are applying to the scholarship fund.**

**7) Please note any other relevant financial or background information that would help us better understand your need.**

Thank you for allowing the ICF to help  
important way.

you help your child in this most