



PCCN Preschool
3600 W Milham Ave.
Portage, MI 49024
(269) 323-7855
pccnboard@gmail.com

Scholarship Application

Child's name: _____ **Class:** _____

School Year: Fall 20_____ to Spring 20_____

If your child will be in the Frog class, have you applied already for KCR4s Funding:

Yes _____ No _____

*Please note, you are not eligible for scholarship assistance if you have not yet applied

Income bracket (check one):

Less than \$15,000 _____ \$15,000-\$24,999 _____ \$25,000-\$49,999 _____ More than \$50,000 _____

Amount Applying for: Partial (please note percentage or amount) _____ Full _____

Requested assistance time frame (check one):

Whole year _____ Three to six months _____ Less than three months _____

Please attach a letter briefly describing the specific reason for your request. You must include a copy of the first and second page of your current tax return and any other supporting documentation, such as other federal assistance, older childrens' involvement in a free lunch program, etc.

Have you included the necessary documentation listed above?: Yes _____ No _____

I understand final determination for a scholarship is based on the financial need of the applicant and dependent on available funds. Decisions will be made by the PCCN Board of Directors after careful assessment of the application and required documentation.

I understand scholarships cannot be awarded to anyone with an overdue invoice or unpaid fees.

Parent/guardian signature

Date