

Great Start Preschool Scholarship Program 2018/19

Family Application

Child's Name: _____ Date of Birth: _____

Parent's Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ County: _____

Preschool Name: _____

How did you hear about the Great Start Preschool Scholarship Program?

Household Members and Income: Be sure to include ALL income of the household, including any income received by the child. Use additional paper, if necessary. Please provide proof of income from each source; must be included with the application. Copies of pay stubs from the last 30 days, DHS assistance, and the most recently filed income tax also must be included with this application.

Name of Household Members (including all children)	Birth Date	Gross Annual Earnings (Before Deductions)	Are wages salary or hourly?	Avg. number of hours worked per week?	Employer/Occupation	Monthly Earnings From Any Other Sources (SSI, retirement, child support, unemployment etc.)

Is the child currently enrolled in a preschool program? Yes No

If yes, where? **Number of days a week?** **Full or half days?**

Have you applied for Head Start? ____Yes ____No

Have you applied for local school district Great Start Readiness Program? ____Yes ____No

To be eligible for scholarship, you must be a resident of Sanilac County and your child(ren) must not be enrolled in Head Start, Great Start Readiness Program, or an active recipient of the Child Daycare Program through the Michigan Department of Health and Human Services

Please answer the following questions. Use additional paper if necessary.

Why would your child(ren) benefit from a preschool experience?

Why would you benefit from your child(ren) receiving the scholarship?

Are there any special reasons that make this scholarship necessary for your child(ren)?

Which of these factors exist in your family, circle / explain all that apply.

Low Income Family

Diagnosed Disability or Identified Developmental Delay

Severe or Challenging Behavior

Primary Home Language other than English

Parents have not completed high school

Parent loss due to death, divorce, incarceration, absence or military service, custody changes

Abuse or Neglect of Child or Parent (domestic, sexual, physical, abuse of alcohol, prescription or non-prescription drugs by family members or in the home)

Parent is/was a "teen" parent

Sibling issues (illness, death, or absence)

Have you moved more than 3x in the last 12 months, homeless, or living with another family

Signature

Date
