



Community Partnership Preschool Scholarship Application Due July 2

In an effort to provide valuable preschool experience to every child in the community, the Gothenburg Early Childhood Learning Coalition is offering preschool scholarships for the 2021-2022 school year.

Scholarship awards will be dependent on the amount of funding available in the Community Partnership Scholarship Fund at the beginning of the school year, and awards will not be finalized until GECLC receives an agreement form signed by the student's parent.

Funds are limited, and for this reason, families must complete this application in its entirety for their child to be considered for this preschool scholarship. This includes completely filling out the attached income verification information. Scholarship priorities will be given to children who are most in need of an early childhood education program. Information regarding scholarship priorities can be found below. Only students living in the Gothenburg School District are eligible for this scholarship.

Students eligible for this scholarship will meet at least one of the following criteria:

- Qualifies for free or reduced meals (application and guidelines included)
- Child has an Individualized Education Plan (IEP)
- Child is in foster care
- Parents under 18 years of age at time of child's birth or have not completed high school
- Child's birth weight was under five pounds or was born prematurely (verified by physician)
- English is not the primary language spoken at home

Students who are awarded a scholarship are to be enrolled in a licensed, private preschool in Gothenburg by his/her parent(s) and the scholarship money will be paid directly to the preschool provider on the child's behalf. No scholarship will be awarded until the student's parent signs and returns the scholarship agreement sent with the award letter.

Completed applications should be mailed to or dropped off at the GECLC office, 1001 Lake Avenue, Gothenburg, NE 69138 or emailed to GECLC.coordinator@gmail.com.

Completed applications are due July 2, 2021

Community Partnership Preschool Scholarship Application

Student Information

Student Name (Last, First)	
Street Address	
Mailing Address (if different)	
City, State, Zip	
Home Phone	
Parent's Cell Phone	
Gender	Check one <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Current Age _____	Date of Birth (mm/dd/yyyy) ____/____/____

Parent/Guardian Information

Custodial Parent(s)/Guardian:	
Student living with: (mark all that apply) <input type="checkbox"/> Natural Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Natural Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian/Foster Parent <input type="checkbox"/> Other (specify) _____	
Father's Name:	Mother's Name:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Highest Level of Education:	Highest Level of Education:

Scholarship Eligibility Information

Did you apply to Swede Preschool Academy for the 2021-2022 school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family qualify for the Federal Free/Reduced Meal Program? (If you do not know or if you'd like help completing the form prior to submitting your application, contact GECLC.coordinator@gmail.com or 308-529-8784)	<input type="checkbox"/> Yes - income verification form is attached <input type="checkbox"/> Yes - I would like help filling out the form <input type="checkbox"/> No
Does the student have a current Individualized Education Plan (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, verification: _____
Is the student a ward of the court or has he/she been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, caseworker name: _____
Age of parents at child's birth	Mother: _____ Father: _____ Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
My child was born	<input type="checkbox"/> Full Term (37 or more weeks gestation) <input type="checkbox"/> Premature (before 37 weeks gestation - <i>provide documentation</i>)
Birth Weight	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak a language other than English in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
Do you have any concerns about your child's development?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____

Parents/Guardians:

- Your signature acknowledges the accuracy of the information provided.
- Your signature authorizes the use of this information by Gothenburg Early Childhood Learning Coalition and Gothenburg Public Schools and its personnel for internal purposes.
- Your signature verifies that you have examined, read and agree to all information and statements on this document.

Signature: _____ Date: _____

Printed Name: _____

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Family Income Verification Form

List everyone living at your address, ages of children under 18, current income each person earns, and how often:

First and Last Name	Adult	Age if under 18	Income from work before deductions or child support payment	How often are you paid?
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Total number of household members: (children and adults) _____				

Check the following types of public assistance you currently receive, how much, and how often you receive them:

	Type of Assistance	How much do you receive?	How often?
<input type="checkbox"/>	Aid to Dependent Children/TANF		
<input type="checkbox"/>	Childcare Subsidy/Title XX		
<input type="checkbox"/>	SNAP (Food Stamps)		
<input type="checkbox"/>	Housing Voucher/Section 8		
<input type="checkbox"/>	Unemployment		
<input type="checkbox"/>	Utilities Assistance/LIHEAP		
<input type="checkbox"/>	WIC (Women, Infants and Children Nutrition)		
<input type="checkbox"/>	Other:		

I promise that all information on this application is true and that all income is reported. I understand this information is given voluntarily in order to determine eligibility for scholarships and/or tuition assistance.

Print Name: _____ Signature: _____

Date: _____ Street Address: _____

City: _____ Phone: _____