



APPLICATION FOR SCHOLARSHIP

Please note we are not able to give 100% financial assistance at this time.

Required Documentation: Please attach copies of the following items to your complete application before you submit for processing. This application will be processed only if it is complete and the required items are attached:

- \_\_\_ The most recent paycheck stub of everyone in the household who is working
\_\_\_ Proof of Social Security or Social Security Disability Income if applicable
\_\_\_ Proof of any other sources of income if applicable (e.g. Unemployment Compensation, Food Stamps, etc.)

Applicant Information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
Mailing Address \_\_\_\_\_
Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_
Email Address \_\_\_\_\_ Secondary Email Address \_\_\_\_\_

Number of adults and children living at this address \_\_\_\_\_

Are you a member of Kaleideum?

- [ ] Yes
[ ] No

Please provide the following information for the children you wish to enroll:

Table with 5 columns: First Name, MI, Last Name, DOB, School Attending. Contains 4 rows of blank lines for data entry.

For which Kaleideum Program are you applying?

\_\_\_ Preschool Enrichment \_\_\_ Afternoon Enrichment \_\_\_ Remote Learning

Do you identify as Hispanic or Latino/Latina?

- [ ] Yes

- No

**Which of the following do you feel best describes your racial identity?**

- American Indian or Alaska Native
- Asian Pacific Islander
- Black or African American
- Caucasian or White
- Other (please specify) \_\_\_\_\_

**Does anyone in your group identify as LGBTQ?**

- Yes
- No

**Does anyone in your family have a disability?**

- None
- Vision
- Hearing
- Mobility
- Cognitive
- Other

**Is your family on any government assistance program(s) (WIC, Food Stamps, Medicaid, etc.)? YES NO**

**TOTAL MONTHLY HOUSEHOLD INCOME AND EXPENSES**

Monthly Income		Monthly Expenses	
Your Gross Income	\$	Rent/Mortgage	\$
2 <sup>nd</sup> Adult Gross Income	\$	Utilities	\$
Other Adult Gross Income	\$	Vehicle Expense	\$
Child Support receiving	\$	Medical/Dental Expenses	\$
Aid to Dependents	\$	Tuition/College Loans	\$
Social Security	\$	Alimony Paying	\$
Social Security Disability	\$	Child Support Paying	\$
Other Income	\$	Childcare	\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

Please tell us a little about your family's financial situation along with how much you can afford to pay.

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If you received this scholarship, in what ways would it affect your family?

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I certify that all information provided is true and complete to the best of my knowledge. I understand that false information will disqualify me from participating in this scholarship program. I understand that the decision to grant a fee reduction is at the sole discretion of Kaleideum if funds are available. I understand that this application is not a guarantee I will receive a reduction of fees. I understand that this application does not secure a space and that any scholarship awarded will be sent via separate email. I understand that a non-refundable deposit must be paid to reserve my child's space.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_