

**PRESCHOOL SCHOLARSHIP FORM**

**Sterling House Community Center  
2283 Main St.  
Stratford, CT. 06615  
378-2606  
377-3713 (FAX)**

Name of Applicant: \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Email Address \_\_\_\_\_

Principal Source of Income \_\_\_\_\_

Place of Employment \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_

Extraordinary Expenses \_\_\_\_\_

Amount of Fee you can pay \_\_\_\_\_

Total # in household \_\_\_\_\_ Adults \_\_\_\_\_ Seniors \_\_\_\_\_ Under 18 \_\_\_\_\_

Briefly describe why applicant should be considered for a scholarship.  
*Note: Any special medical or handicap issues should be noted here:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In signing below I confirm that the above information is a true reflection of my present situation and agree to inform Sterling House should my circumstances change. If the above applicant is approved for a program scholarship, I also agree to register with the Volunteer Coordinator at Sterling House to perform volunteer work at the Center.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

**Attach Current Proof of Income**