



Children's Center Scholarship Application Form

2020/2021 School Year- Applications will be accepted beginning February 17, 2020

Child's Name _____ Date of Birth _____

Street Address _____ City _____

Telephone _____

Guardian's Name _____ Relationship _____

Street Address _____ City _____

Telephone Number: Home _____ Work _____

Cell _____

Email Address _____

Which Children's Center program are you requesting a scholarship for?

- 2016-03 4YR Old M/W/F 8:15a-11a
- 2016-04 4YR Old M/W/F 12p-2:45p
- 2016-01 3YR Old Tu/Th 8:15a-10:15a
- 2016-02 3YR Old Tu/Th 10:45a-12:45p

Household Income Information: *Applicants must attach copies of most recent Federal Income Tax Returns for all adult wage earners. If you do not file an IRS FORM 1040 and receive only non-taxable income, please submit documentation of your non-taxable income for verification purposes. Applications received without the required documents will not be considered.

Number of People in Household _____ Number of Adults _____ Number of Children _____

I certify that the above information is true and correct and understand that its accuracy may be verified. I agree to repay, in full, any scholarship awarded based upon falsified information.

Signature of Applicant

Date

Mail/Deliver to:
Oregon Park District
304 S. Fifth Street, PO Box 237
Oregon, IL 61061
(815) 732-3101

Internal Use Only:

Date Received: ___/___/___