



Oak Park Early Learning Academy

Loving To Learn . . . For A Lifetime

1920 Chester Boulevard | Richmond, IN 47374 | 765-488-2626

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____ DOB _____

ADDRESS _____ TELEPHONE _____

NAME OF FATHER _____

EMPLOYER _____ PHONE _____ HOURS _____

EDUCATION/TRAINING PROGRAM _____ PHONE _____ HOURS _____

NAME OF MOTHER _____

EMPLOYER _____ PHONE _____ HOURS _____

EDUCATION/TRAINING PROGRAM _____ PHONE _____ HOURS _____

PARENTS ARE MARRIED _____ DIVORCED _____ SEPERATED _____ SINGLE _____

NUMBER LIVING IN THE HOUSEHOLD: _____ CHILD'S GENDER _____ FEMALE _____ MALE _____

PRIMARY LANGUAGE SPOKEN IN HOUSEHOLD _____

FINANCIAL INFORMATION(bank statement/paystubs are required)

GROSS MONTHLY INCOME

I am receiving

FATHER _____

TANF _____

MOTHER _____

Medicaid _____

CHILD SUPPORT _____

SNAP _____

SSI _____

CCDF Voucher _____

OTHER INCOME _____

Military Family _____

TOTAL _____

I ATTEST THAT ALL THE ABOVE INCOME/BENEFITS INFORMATION IS TRUE AND ACCURATE AS OF THE DATE BELOW.

PARENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY / POSSIBLE FUNDING PROGRAMS FOR CHILD CARE

CCDF _____

In-house scholarship _____

Grant Funding _____

United Way _____

Jumpstart _____

Other _____

Come Back Stronger _____

OMWPK _____

Start Date _____