

EITC Pre-k Scholarship Application for Families

Our professional ethics require that each Trying Together staff member maintain the highest degree of confidentiality when handling Trying Together matters. To maintain this professional confidence, no staff member will disclose any private information, including documentation of child applicant eligibility and family income, to friends or family members.

Selection for scholarship will be determined without regard to race, gender, sexual orientation, religion, or similar characteristics of the child applicant. Scholarship amounts are based on a sliding scale and family need as determined by Trying Together, as well as upon the availability of funds and the number of eligible child applicants.

Please fill out the following information to the best of your ability:

Primary Parent(s) or Legal Guardian(s)	of the Child	Applicant		
Name:	Relationship to the Child Applicant:			
Name:	Relationship to the Child Applicant:			
Contact Information				
Street Address:				
City:	County:	State:	Zip:	
Mailing Address (if different from Street Address):				
Street Address:				
City:	County:	State:	Zip:	
Home Phone:	Cell Phone:			
Work Phone:	Email:			

Child Scholarsh	ip Applicant				
Child's Full Name (First, Middle	Initial, Last):		Birth Date (MM/DD/YEAR):		
Pre-k Program l	Information				
Pre-k your child is reg	gistered/enrolled/attending:				
Pre-k Address:					
City:		County:	State:	Zip:	
How long is the program's sch	ool year? Start Date:	End Date:			
How long has your child been	attending this pre-k Program?				
How much time will your child	d be spending in pre-k?				
Number of Days/Week:	Number of Hours per Day:	What is the cost o	f tuition?		
Child Care Worl	ks Subsidy				
to cover any additional EITC scholarship and Together may not be a eligible for CCW Subst you to do so, even dur- receive an EITC schola	may be used in supplement to all co-pay the family may be required has been on a CCW waitlist, we able to offer you a scholarship e idy assistance, but has made no ing this EITC application process arship, your child will not lose to make sure the scholarship amo	uired to make to the highly suggest the equal to the full amo previous attemptess. If your family known their scholarship, k	ne center. If your fame the value of your child's to apply for a subsidue of the amount of EI count of EI count of EI count of EI count the amount of EI count t	ily is granted the aitlist because Trying uition. If your family is ly, we highly encourage of CCW after you	
Are you receiving child care as	ssistance from Child Care Works (CCW)?		Ye	s No	
If yes, are your receiving assist	tance for full time or part time care?		Ye	s No	
If no, have you ever applied?			Ye	s No	
Are you currently on the CCW	Waitlist?		Ye	s No	

Other Sources of Funding					
Is your child currently receiving any other pre-k scholarships (i	including financial assistance from t	he pre-k prog	ram)?	Yes	No No
If yes, please provide information about the scholarship(s), incl	uding the amount, where they are gr	anted from, h	now long the scholar	ship is good for	r, and how
the scholarship is supposed to be spent:					
Family Contribution					
Although this section is not a requirement for	your scholarship applicat	ion, we en	.courage famili	ies to be	
honest about what they may be able to contrik consideration if this section is left blank.	oute to their child's educat	ion. An ap	plication will r	not be denie	ed
Would you or your family be able to comfortably contribute fun	ds to your child's tuition?		Yes	O No)
If so, what amount per month would you be willing to contribu	te?				
Household Information					
Please list the name and relationship of everyourself, all individuals listed above, and other	•				
Name	Relationship to Child	Age	Gender	Depende	ent?
				Yes	No
				Yes	No

Yes

Yes

Yes

No

No

No

^{*}For additional household members, please continue on a separate sheet.

Additional Information About Children in Household		
Are there any other children living in the same household as the applicant who are also enrolled in a child care program?	Yes	No
If so, approximately how many hours are they in child care a week? Please explain for each child.		
Required Attachments:		
In addition to this application, please attach a complete photocopy of the most reform 1040, 1040A, or 1040EZ (as signed and filed with the IRS, including all scheening adults residing with the applicants. If you do not file an IRS Form 1040 a income, please submit documentation/verification of your nontaxable income.	edules) Forms for	ALL wage-
Signature of Parent(s) or Legal Guardian(s):		
I certify that all information on this form, as well as all supporting documentation to the best of my/our knowledge and that all household income has been reported misrepresentation of this information may result in the scholarship being denied made by Trying Together must be reimbursed. I consent for Trying Together to enrollment, tuition, attendance, and other information pertinent to this application.	ed. I understand d or revoked, and contact my child	that deliberate d any payments
Signature of Legal Guardian and/or Primary Parent:	Date:	
Printed Name:		

Please submit completed applications with a copy of your most recent Federal IRS Tax Return to the following address:

Trying Together EITC Pre-K Scholarship Program

ATTN: Kerry Chapman

Trying Together

5604 Solway Street, Pittsburgh PA, 15217