

# Preschool Scholarship Application

Sponsored by Smart Beginnings Shenandoah Valley  
Funded by Shenandoah Community Foundation



Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact phone number \_\_\_\_\_

Family Household Income per month \_\_\_\_\_

Number of immediate family members in household \_\_\_\_\_

Number of Children in household \_\_\_\_\_ Children under the age of 6 in household \_\_\_\_\_

Do you have transportation for preschool drop off & pick up? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any preschool group experience your child has had:

\_\_\_\_\_

Describe any extenuating circumstances creating a need for support:

\_\_\_\_\_

Applications are due on or before June 30, 2011. Completed applications should be returned in person or by mail to:

Department of Social Services  
ATTN: Allison Gregg  
494 North Main Street  
Suite 200  
Woodstock, VA 22664

OR

Smart Beginnings Shenandoah Valley  
ATTN: Preschool Scholarships  
800 S. Main Street  
MSC 9008, Suite 307  
Harrisonburg, VA 22807

As parent/guardian of \_\_\_\_\_, I certify that the information given above is accurate and truthful, and that I agree to the scholarship requirements listed. Should any of this information be found untrue, I understand that this application may be voided, and if a scholarship is received, may be terminated. I also understand that the information on this application will be held in the confidence of those involved in the selection process. I authorize Smart Beginnings Shenandoah Valley to exchange necessary information with the preschool of my choice.

Signed: \_\_\_\_\_

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