

# MILLBROOK EARLY CHILDHOOD EDUCATION CENTER SCHOLARSHIP APPLICATION FORM INSTRUCTIONS

## STEP ONE

AFTER COMPLETING YOUR SCHOLARSHIP APPLICATION FORM PLEASE RETURN IT TO MECEC, ALONG WITH YOUR REGISTRATION FORM, BY ONE OF THREE METHODS :

FAX TO 845 677 3189

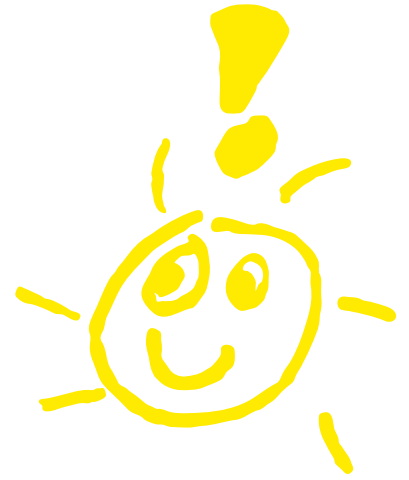
MAIL TO MECEC / PO BOX 757 / MILLBROOK NY 12545

EMAIL TO [INFO@MECEC.ORG](mailto:INFO@MECEC.ORG)

## STEP TWO

CALL MRS. LAURIE FAY AT 845 677 3536 TO ARRANGE FOR A MEETING AND A TOUR OF THE MECEC PRESCHOOL.

# MILLBROOK EARLY CHILDHOOD EDUCATION CENTER SCHOLARSHIP FORM



## family information.

LIST ALL OF THE CHILDREN IN YOUR FAMILY, FROM OLDEST TO YOUNGEST.

name + age \_\_\_\_\_ current school / day care provider \_\_\_\_\_ tuition / annual fees \_\_\_\_\_

## providers information.

PLEASE SPECIFY YOUR MARITAL STATUS. ARE YOU SINGLE, MARRIED OR DIVORCED? \_\_\_\_\_

### MOTHER

name \_\_\_\_\_

age \_\_\_\_\_

address \_\_\_\_\_

### MOTHER'S EDUCATION

high school \_\_\_\_\_

college \_\_\_\_\_

### MOTHER'S EMPLOYMENT INFORMATION

employer \_\_\_\_\_

income for Previous Tax year \_\_\_\_\_

expected income for Current Tax year \_\_\_\_\_

### FATHER

name \_\_\_\_\_

age \_\_\_\_\_

address \_\_\_\_\_

**FATHER'S EDUCATION**

high school \_\_\_\_\_

college \_\_\_\_\_

**FATHERS'S EMPLOYMENT INFORMATION**

employer \_\_\_\_\_

income for 2010 \_\_\_\_\_

expected income for 2011 \_\_\_\_\_

**OTHER ADULT(S) PROVIDING FOR THE CHILD**

name \_\_\_\_\_

relationship to the child \_\_\_\_\_

employer \_\_\_\_\_

income for 2010 \_\_\_\_\_

expected income for 2011 \_\_\_\_\_

**NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**RELATIONSHIP TO THE CHILD** \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR 2010 W2 FORM TO THIS APPLICATION IF AVAILABLE.**