



***Preschool Scholarship Program
Information & Application
2020-2021***

Thank you for your interest in our Preschool Scholarship Program. PCCD efforts in Grant and Fundraising make it possible to have funds available to help support children and their families when they choose high quality early education for their child. Scholarships allow for access to financial assistance to help offset costs associated with early preschool education.

Before applying, you must first visit with your child for a tour with the Program Director. The director will have to sign off on the program you are interested in based on availability. The directors signature is required in order to be submitted.

To apply for a Preschool Scholarship, complete the attached application and send the application and **a copy of your Federal Income Tax Return or Returns for all individuals supporting the household** to the main office at The Professional Center for Child Development, 32 Osgood Street, Adonver, MA 01801

Eligibility Criteria:

- Your child will be 3, 4, or 5 years of age as of September 1st of the upcoming school year. At this time we currently do not have scholarships available for infants and toddlers.
- Your family meets income guidelines. Please note that this is gross income and includes salary/wages/stipends, unemployment benefits, SSI, FIP, Social Security, Child Support, Veteran's benefits, and direct student loans.

If your child is awarded a scholarship, payment will be made directly to the preschool. A co- payment may be required by the preschool and will be the responsibility of the parent/guardian.

Preschool attendance will be monitored by the school and reported to the Preschool Scholarship Committee monthly. At least 85% attendance will be required for participation in the scholarship program. If the child is sick and misses school, these days will not be included in the 85% attendance requirement if a written doctor's excuse is provided.



If attendance falls below 85%, one warning will be given to parents by program management. The second time attendance falls below 85%, the child may be terminated from the scholarship program and not be allowed to re-enter during the current school year. Full preschool tuition will then be the responsibility of the parent/guardian.

Application for Preschool Scholarships will not be considered until a completed application and a copy of the family Federal Income Tax Return (or all supporting household income verification documentation) has been received.

Please note that scholarships are reviewed on the first Friday of the month for scholarships received the prior month. Applications (pages 3-4) should be returned to and questions directed to:

Jennifer Laurin
 Woodbridge School
 c/o PCCD
 32 Osgood Street
 Andover, MA 01801

jlaurin@thepccd.org or
scholarships@thepccd.org
 (978) 475-3806

The following table outlines 2019 Federal Poverty Guidelines. Requirements for Preschool Scholarships are **200% or below** Federal Poverty Guidelines.

Persons in family or household	100% of poverty	130% of poverty	145% of poverty	150% of poverty	185% of poverty	200% of poverty	300% of poverty
1	\$12,060	15,678	17,487	18,090	22,311	24,120	36,180
2	\$16,240	21,112	23,548	24,360	30,044	32,480	48,720
3	\$20,420	26,546	29,609	30,630	37,777	40,840	61,260
4	\$24,600	31,980	35,670	36,900	45,510	49,200	73,800
5	\$28,780	37,414	41,731	43,170	53,243	57,560	86,340
6	\$32,960	42,848	47,792	49,440	60,976	65,920	98,880
7	\$37,140	48,282	53,853	55,710	68,709	74,280	111,420
8	\$41,320	53,716	59,914	61,980	76,442	82,640	123,960
For each additional person add	\$4,180	5,434	6,061	6,270	7,733	8,360	12,540



2020-2021 Preschool Scholarship Application

Date: _____

Child's Name: _____

Child's Date of Birth: _____ Male Female

Child's Age: (as of September 1st)

School district in which child resides: _____

County in which child resides: _____

Program Name Classroom Number of Days per week _____

Please tell us about your child and a narrative of the reasons why you would like your child to attend PCCD.

Narrative:



The Professional Center for Child Development

Head of Household Name: _____

Relationship to Child: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Alternate Phone Number: _____

Email
Contact: _____

Marital Status: _____

Education Level: Some High School HS Diploma GED Trade or Vocational Training
 2-Year College Degree 4 Year College Degree Master's Degree or Higher

Ethnicity: _____

List all other people who live in your home:

Name (First, Last)	Relationship to child	Age of under 18

Number of adults living in the home: _____

Number of children living in the home: _____



The Professional Center for Child Development

Documentation of income must be included with this application (pages 3 and 4) or the application will not be processed until the necessary documentation has been received.

Documentation:

Copy of last filed Federal Income Tax Return or Returns for all individuals supporting the household

If a Federal Income Tax Return is not available, documentation will be required for all forms of income. Please contact the Preschool Scholarship Program Manager for further information.

By signing below, you agree to the terms of participation in the Preschool Scholarship Program including attendance and co-payment requirements and release of information to The Professional Center for Child Development for program data collection and reporting. You are also stating that all above information is correct and all information relevant to the processing of this application has been disclosed. Individual personal information will be kept confidential.

Parent/Guardian Signature

Date