

**KREMMLING PRESCHOOL**  
**Community Tuition Assistance Program Application**

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

**General Information:**

Name of Child: \_\_\_\_\_ Date of birth (m/dd/yyyy): \_\_\_\_\_

<b>Parent/Guardian #1</b>
Name: _____
Relationship to child: _____ Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provides Financial Support? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual Income: \$ _____ Amount per pay period: \$ _____
Frequency of pay checks: Monthly Weekly Twice a Month Every Two Weeks
Employers: _____
Home Address (mailing): _____
E-mail address: _____
Home phone: _____ Work phone: _____
Cell Number: _____

<b>Parent/Guardian #2</b>
Name: _____
Relationship to child: _____ Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provides Financial Support? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual Income: \$ _____ Amount per pay period: \$ _____
Frequency of pay checks: Monthly Weekly Twice a Month Every Two Weeks
Employers: _____
Home Address (mailing): _____
E-mail address: _____
Home phone: _____ Work phone: _____
Cell Number: _____

How many days per month does child attend program: \_\_\_\_\_ Cost per day: \$ \_\_\_\_\_

What is the family's total cost of child care for all children in the home: \$ \_\_\_\_\_

Length of Scholarship apply for:  9 months  12 months Other \_\_\_\_\_

**Family Information (other than listed above including siblings):**

Number of family members living with the child \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ In Child Care? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ In Child Care? \_\_\_\_\_

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**Type of services family is currently receiving (mark all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No services received                                   | <input type="checkbox"/> CHIP                         | <input type="checkbox"/> SSI-Supplemental Security Income       |
| <input type="checkbox"/> TANF-Public assistance/welfare                         | <input type="checkbox"/> Public Housing               | <input type="checkbox"/> WIC-Women, Infant, Children            |
| <input type="checkbox"/> Unemployment benefits                                  | <input type="checkbox"/> Child support/alimony        | <input type="checkbox"/> Kinship assistance                     |
| <input type="checkbox"/> LEAP Energy program assistance                         | <input type="checkbox"/> Foster care/adoption subsidy | <input type="checkbox"/> Mountain Family Center Services        |
| <input type="checkbox"/> Medicaid/Medicare                                      | <input type="checkbox"/> Food Stamps (SNAP)           | <input type="checkbox"/> MMI App- Meeting Milestones Initiative |
| <input type="checkbox"/> CCAP-Colorado Childcare Assistance Program Received or | <input type="checkbox"/> Denied                       |   |

**Family circumstances within the immediate household (mark all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Family member with disability/special need     | <input type="checkbox"/> Family member with medical or mental health issue    |
| <input type="checkbox"/> Parent deployed (in last 12 months) or veteran | <input type="checkbox"/> Child receiving early intervention services/IEP/IFSP |
| <input type="checkbox"/> Incarcerated family member                     | <input type="checkbox"/> Domestic violence                                    |
| <input type="checkbox"/> Parent working in Early Childhood field        | <input type="checkbox"/> Homelessness   |
| <input type="checkbox"/> Language in home other than English            |   |

- Falsification of any of the above information or use of Scholarship funds for purposes other than describe herein, may lead to the immediate termination of funding as well as additional penalties
- I understand that I will need to provide proof of income if approved for scholarship including non-work income selected in support services marked.
- Applicant(s) hereby grant Grand Beginnings the right to request verifications thereof through persons and/or entities disclosed and/or hereinafter disclosed. Applicant(s) declares information is true and accurate, and understood by the applicant(s).
- I authorize Grand Beginnings, licensed child care programs / providers, and other necessary agencies to share pertinent information in order to better coordinate services for my child or children and/or to validate any application information.
- I agree to "give back" through participation in my child's school, attending a parenting class, or volunteering at a Grand Beginnings event.

Parent (Applicant) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by (Program Staff): \_\_\_\_\_ Date: \_\_\_\_\_

Please return application to your early childhood program.