

**Scholarship Application 2024-2025**

**St. Paul Early Education Center**

**For office use only**

Date rec'd \_\_\_\_\_  
Date notified \_\_\_\_\_

Name of child \_\_\_\_\_ Class child will attend \_\_\_\_\_ Today's date \_\_\_\_\_

**Please complete the following information, sign the application and submit with recent pay stubs to verify monthly income.**

(Application will not be considered until monthly income is verified.) **Return application and supporting documents to: Confidential Scholarship App. St. Paul Early Education Center 276 E. Bagley Rd. Berea, OH 44017**

Household Members: List the name of each person living in your household, including yourself and the child listed above.

Social Security Number: Print the Social Security number of each adult 21 or older. If none, please indicate "None".

Income: List all income received last month on the same line as the person who received it. Please list income BEFORE deductions for taxes, social security, etc. List each income by category and total the income for the household.

To determine monthly income, if you receive income: Every week, multiply the total gross income by 52 and divide by 12;  
Every two weeks, multiply the total gross income by 26 and divide by 12;  
Twice a month, multiply the total gross income by 2; or  
Once a year, divide the total gross income by 12.

Are you presently receiving benefits from any of the following programs? WIC \_\_\_\_\_ Medicaid \_\_\_\_\_ School lunch program \_\_\_\_\_

**If there are special circumstances to be considered, please use the back of the application.**

Total monthly income (details below) \$ \_\_\_\_\_

List all household members Last name, first name, and age (check one)	Under 21	Over 21	Social Security number	Gross earning from	Welfare Child Sup Alimony	Pensions Retirement Soc Sec	All Other Income
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

I certify that all of the above information is true and correct and That all income is report.

\_\_\_\_\_ Print name of adult household member

\_\_\_\_\_ Signature of adult household member

\_\_\_\_\_ Address

**All information will be kept in strict confidence.**

\_\_\_\_\_ Telephone - personal \_\_\_\_\_ Telephone - work \_\_\_\_\_

St. Paul EEC use only Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Schedule \_\_\_\_\_