

**Application for Preschool Scholarship
Project Ready for School**

**Johnston Community Education
Johnston Community School District**



**Mail completed application to:
Johnston Community Education
Johnston Community School District
P.O. Box 10, Johnston, Iowa 50131.**

The scholarship includes preschool tuition and family literacy visits.

You must live in the Johnston School District or have children open enrolled in the Johnston School District in order to be eligible.

Child's Name _____

Child's Birthdate _____

Parent's Name _____

Address _____

City _____ Zipcode _____

Home phone number _____

Mother's work number _____ Cell phone _____

Father's work number _____ Cell phone _____

Both sides of this application must be completed.

Section 3.

- 1) Are you currently receiving reduced/free lunch at JCSD? ____Yes ____No
 2) Are you currently receiving food stamps? ____Yes ____No If yes, please attach a copy of your letter from Human Services that verifies your receipt of food stamps.

If you answered **no** to either question above complete the portion below:

Names of ALL individuals living in your household (under one roof):

First Name	Last Name	Middle Initial	Age	Monthly Earnings from work before deductions	Monthly Income from welfare, child support, alimony	Monthly Income from pension, social security, retirement	All other income received during month

I permit the release of the Free and Reduced Application information from Nutrition Services to assist in determining my eligibility for assistance. I understand that this information provided above or through Nutrition Services will not be given out to any other groups or individuals and used solely for Community Education. I understand the educational information concerning my child (assessment results, etc.) may be shared with future teachers/administrators to best meet the needs of my student as they enter the K-12 system. I also verify that any and all information provided above is accurate and understand that if required I may need to show proof of such information.

 Signature of Parent/Guardian/Participant if over 18 Date Social Security Number

Office Use:	
Rec'd by _____	Date _____
Account funds come from: _____	Amount _____
Account funds come from: _____	Amount _____
Availability of Classes:	
Amount Financial Assistance Provided: _____ by _____ date _____	