

**Wesleyan University/Neighborhood Preschool
Child Care Scholarship Application**

Wesleyan Employee Name _____
 Wes ID _____
 Department _____
 Email Address _____
 Home Address _____

Qualifications

- You are a Wesleyan faculty member working at least .50 or staff member working at least .75 FTE or you are a full time Wesleyan graduate student;
- Your child(ren) is enrolled in Neighborhood Preschool (NPS) for the academic year. (Enrollment decisions are the responsibility of NPS.);
- Your child(ren) is enrolled in NPS on a schedule that requires payment of a monthly fee equal to or more than at least .50 of the full time fee rate;
- Your annual *family* income for the previous calendar year is \$86,000 or less. If two children are enrolled in NPS, your annual family income for the previous calendar year is \$103,000 or less.

Neighborhood Preschool Enrollment Information

Name(s) of Dependent Child(ren) Enrolled in NPS	Age*	Enrolled in Infant/Toddler or Preschool Class*	Estimated Monthly Fee	10 or 12 Month Program

*Age and Class in July

Annual Family Income

Please state your total family adjusted gross income for the previous calendar year: _____
 (IRS form 1040 – line 34, 1040A – line 19, 1040EZ – line 4, Telefile, line I)

I have reviewed the qualifications for eligibility for the Neighborhood Preschool Scholarship, and hereby apply for the scholarship to be awarded under this program during the upcoming academic year. I also confirm the amount of adjusted gross income indicated above is accurate.

Signature: _____ Date: _____

Please return this application by July 15 to the Human Resources Office.

All information on this application is completely confidential.