



## LexFUN! Preschool Scholarship Application

### Deadlines

- To receive funding for the Fall Semester - **Apply by June 1**
- To receive funding for the Spring Semester - **Apply by November 1**

### Scholarship Program Guidelines

1. This scholarship application must be filled out completely in order to be considered.
2. Scholarship awards will be based on three main criteria: (1) financial need, (2) availability of funds and (3) number of eligible applicants. With respect to financial need, the LexFUN! Scholarship Committee looks at an applicant's whole financial picture including income, expenses, number of dependents, and any special circumstances.
3. Applicants must reside in Lexington. The child must be between 2.9 and 6 years old at the start of the semester and enrolled in a preschool program in Lexington.
4. Scholarship funds shall be paid directly to the preschool the child will attend.
5. Scholarships will be awarded for the current school year or a portion of the school year. Recipients wishing to continue to receive scholarship funds for the following year must reapply each year.
6. Parents/guardians must notify LexFUN! if the child withdraws from preschool during the year.
7. Your application, including all financial information, will be kept strictly confidential and will be used only for the purpose of evaluating your Scholarship request.
8. Scholarship awards shall be made without regard to race, color, religious creed, disability, ancestry, national origin, gender, sexual orientation or English proficiency.



## LexFUN! Preschool Scholarship Application

~All Information Will Be Kept Confidential~

### Directions

The application must be filled out completely in order to be considered. All fields and questions are mandatory unless specified as optional. The form can also be completed online at [lexfun.org/scholarship-form](http://lexfun.org/scholarship-form).

### Information about Your Child

Please note: Your child must be between 2.9 and 6 years old at the start of the semester and enrolled in a preschool program in Lexington.

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of date of application) \_\_\_\_\_ Are you a member of LexFUN!?  Yes  No

Has your child received a LexFUN! Scholarship before?  Yes  No If yes, specify amount: \$ \_\_\_\_\_

### Information about Your Child's Preschool

1. What Lexington preschool will your child attend? \_\_\_\_\_
2. Is your child currently attending this preschool?  Yes  No  
If No, date your child is expected to start: \_\_\_\_\_
3. Number of days per week and hours your child will attend this preschool (2, 3, 4 or 5)? \_\_\_\_\_
4. Hours that your child will attend each day (for example, 9am-12pm) \_\_\_\_\_
5. What semester (Fall, Spring or both) do you need financial assistance for? \_\_\_\_\_
6. Amount of tuition the preschool charges for a full year: \$ \_\_\_\_\_
7. Will the preschool be providing any financial assistance?  Yes  No  
If Yes, specify amount: \$ \_\_\_\_\_
8. Will your child receive any other type of financial assistance for preschool (e.g., other scholarships, grants, subsidies, etc.)?  Yes  No  
If Yes, specify amount and source: \$ \_\_\_\_\_
9. How much financial assistance are you requesting from LexFUN!? \$ \_\_\_\_\_
10. Optional: If your child will turn 5 years old before September 1, please tell us why your child will not be starting kindergarten: \_\_\_\_\_

**Information about Child's Parents/Guardians**

- 11. Who does the child live with (type, Mother, Father, Grandparent, Foster Care, etc.)? \_\_\_\_\_  
\_\_\_\_\_
- 12. People in Household: Number of Adults: \_\_\_\_ Number of Children: \_\_\_\_ Children's Ages: \_\_\_\_\_

**Parent/Guardian 1**

- 13. Name: \_\_\_\_\_
- 14. Address: \_\_\_\_\_
- 15. Own, Rent or Other? If Other, please explain. \_\_\_\_\_
- 16. Phone Number: \_\_\_\_\_ 17. Email: \_\_\_\_\_
- 18. Occupation: \_\_\_\_\_
- 19. Employer: \_\_\_\_\_
- 20. Number of Years with this Employer: \_\_\_\_\_
- 21. Work Full-time, Part-time or Other? If Other, please explain. \_\_\_\_\_
- 22. Annual Income: \$ \_\_\_\_\_
- 23. Other Sources of Income for Parent/Guardian 1 (e.g., child support; Social Security, etc.) (specify amount and source): \$ \_\_\_\_\_
- 24. Bank Account Balance: \$ \_\_\_\_\_

**Parent/Guardian 2**

- 25. Name: \_\_\_\_\_
- 26. Address (if different from Parent/Guardian 1): \_\_\_\_\_
- 27. Own, Rent or Other? If Other, please explain. \_\_\_\_\_
- 28. Phone Number: \_\_\_\_\_ 29. Email: \_\_\_\_\_
- 30. Occupation: \_\_\_\_\_
- 31. Employer: \_\_\_\_\_
- 32. Number of Years with this Employer: \_\_\_\_\_
- 33. Work Full-time or Part-time or Other? If Other, please explain. \_\_\_\_\_
- 34. Annual Income: \$ \_\_\_\_\_
- 35. Other Sources of Income for Parent/Guardian 2 (e.g., child support; Social Security, etc.) (specify amount and source): \$ \_\_\_\_\_
- 36. Bank Account Balance: \$ \_\_\_\_\_

## References

Please note: You must provide the names of two people as personal references.

### Reference 1

37. Name: \_\_\_\_\_

38. Address: \_\_\_\_\_

39. Phone Number: \_\_\_\_\_ 40. Email: \_\_\_\_\_

41. Relationship to this Person: \_\_\_\_\_

42. Number of Years You've Known This Person: \_\_\_\_\_

### Reference 2

43. Name: \_\_\_\_\_

44. Address: \_\_\_\_\_

45. Phone Number: \_\_\_\_\_ 46. Email: \_\_\_\_\_

47. Relationship to this Person: \_\_\_\_\_

48. Number of Years You've Known This Person: \_\_\_\_\_

## Written Personal Statement

Please answer ALL of the following 3 questions: (1) why your family needs this scholarship, (2) what it would mean to your child, and (3) whether your child will be able to go to preschool if you do not receive scholarship funds. You may also tell us about any extenuating family circumstances, health issues, loss of job, loss of home, loss or death of spouse/partner, additional dependent care or elder care, and anything else you wish to share with the LexFUN! Scholarship Committee. All information will be kept confidential.

## Letters of Recommendation (Optional)

If you want, you may submit up to three letters of recommendation from people who know you and/or your child. The letters of recommendation may address financial need, expected benefit to the child from attending preschool, academic progress over the last school year, and any other relevant information you wish to share with the LexFUN! Scholarship Committee.

## Certification

**Signature of Parent(s) or Guardian(s):** (Please have ALL parents or guardians living in the household sign below)

- I/We certify that all information on this form, as well as any supporting documentation we submit, is true, correct, and complete to the best of my/our knowledge and that all household income has been reported.
- I/We agree that I/we will provide a copy of my/our last income tax return if requested by the LexFUN! Scholarship Committee.

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- I/We agree that I/we will report any changes in family income during the school year to the LexFUN! Scholarship Committee.
- I/We understand that deliberate misrepresentation of information may result in the scholarship being denied or revoked, and that any scholarship awarded based on false information may need to be reimbursed. I understand that I may be asked to provide additional income information.

Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

## Next Steps

### 1. Submit your application by email or mail:

- a. You may scan and submit your application via email to [lexfundscholarship@gmail.com](mailto:lexfundscholarship@gmail.com). Make sure you remember to email or send in any letters of recommendation you want LexFUN! to consider.
- b. Or you may print out your completed application and mail it with any letters of recommendation to LexFUN! at:

LexFUN! Scholarship Committee  
P.O. Box 445  
Lexington, MA 02420