

TMO SCHOLARSHIP APPLICATION

Website: toddlersmorningout.com

Email: toddlersmorningout@gmail.com



Personal Information:

Child's Name: _____ Birth date: _____

Parent Name(s): _____

Address(es): _____

Phone Number(s): _____

Names and ages of other dependents: _____

Financial Information (Please answer to the best of your ability and estimate as needed.):

Please provide a copy of last year's 1040 and W2 Forms. If employed, please provide a copy of your last two pay stubs.

1. Please include alimony, child support, and any other federal or state aid received. Monthly total:

2. Please describe briefly your need for financial assistance, including any special circumstances that were not addressed in the above questions:

3. What amount can your family afford to contribute to your child's tuition? _____

4. If your family resides in Vermont, please also complete the CCFAP (child care financial assistance program) application included on our website.

I affirm that, to the best of my knowledge, the above statements are true.

Signature(s) _____ Date _____

Information on this form is confidential.

TMO does not discriminate on the basis of race, gender, color, national or ethnic origin, religion or sexual orientation.

Consideration will be given to children with special needs. Scholarship money is available to assist families who qualify for financial assistance.