



Children's Center Scholarship Application Form

2024/2025 School Year-Applications will be accepted beginning February 29, 2024

Child's Name _____	Date of Birth _____
Street Address _____	City _____
Telephone _____	

Guardian's Name _____	Relationship _____
Street Address _____	City _____
Telephone Number: Home _____	Work _____
Cell _____	
Email Address _____	

Which Children's Center program are you requesting a scholarship for?

- 3YR Old T/Th 8:15-10:45 am
- 4YR Old M/W/F 8:15-11:00 am (Mon & Fri) / 8:15 am – 12:00 pm (Wed)

Household Income Information: *Applicants must attach copies of most recent Federal Income Tax Returns for all adult wage earners. If you do not file an IRS FORM 1040 and receive only non-taxable income, please submit documentation of your non-taxable income for verification purposes. Applications received without the required documents will not be considered.		
Number of People in Household _____	Number of Adults _____	Number of Children _____

I certify that the above information is true and correct and understand that its accuracy may be verified. I agree to repay, in full, any scholarship awarded based upon falsified information.

Signature of Applicant

Date

Mail/Deliver to: Oregon Park District 304 S. Fifth Street, PO Box 237 Oregon, IL 61061 (815) 732-3101	Internal Use Only: Date Received: ___/___/___
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