



# Children's Scholarship Fund Application

Administrative Offices  
200 Camp Hill Road  
Ft. Washington, PA 19034  
215-641-1761  
www.mch2learn.org

The Children's Scholarship Fund provides tuition assistance for families in need through fundraising and generous donations.

## Part 1. Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the school where your child(ren) attend:

\_\_\_\_\_ Blue Bell \_\_\_\_\_ Horsham

## Part 2. Parent Information:

|                                    |                |                 |
|------------------------------------|----------------|-----------------|
| Parent 1 Name                      | Home Address   | Home Phone #    |
| Employer                           | Position       | Cell #          |
|                                    |                | Work Phone #    |
| Parent 2 Name                      | Home Address   | Home Phone #    |
| Employer                           | Position       | Cell #          |
|                                    |                | Work Phone #    |
| Marital status: (please check one) | Single _____   | Married _____   |
|                                    | Divorced _____ | Separated _____ |

## Part 3. Subsidized Assistance:

Are you approved to receive CCIS assistance for your child(ren) and are on the waitlist? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please attach your waitlist confirmation letter and skip Part 4 and Part 5.**

## Part 4. Income: Please indicate if income is weekly or monthly by circling below.

Parent 1 Income: \$ \_\_\_\_\_ Weekly/Monthly Parent 2 Income: \$ \_\_\_\_\_ Weekly/Monthly

**Verification of income is required. Please attach the following: (1) Your most recent income tax return, (2) two recent paystubs, (3) proof of unemployment compensation, (4) a list of any other aid that you receive, (5) include a detailed letter explaining your circumstances.**

## Part 5. Family Information:

List dependents that do not appear on this application.

|             |                 |            |
|-------------|-----------------|------------|
| Name: _____ | Relation: _____ | DOB: _____ |
| Name: _____ | Relation: _____ | DOB: _____ |
| Name: _____ | Relation: _____ | DOB: _____ |
| Name: _____ | Relation: _____ | DOB: _____ |

**I CERTIFY that the answers provided by me and the copies of income verification provided are true and correct.  
I have not withheld any information that would affect this application.**

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 1 Email Address

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Email Address

**Forward completed application to Linda Schatz via fax at 215-643-4562 or e-mail: lschatz@playandlearn.com.**

**APPLICATIONS ARE RENEWED ON AN ANNUAL BASIS.**

**RENEWAL APPLICATIONS ARE DUE IN JULY AND WILL BE APPROVED ON A FIRST COME BASIS TO GO INTO EFFECT IN SEPTEMBER.**

|                        |                 |             |                 |               |
|------------------------|-----------------|-------------|-----------------|---------------|
| For Internal Use Only: | Level: _____    | %: _____    | New _____       | Renewal _____ |
|                        | Initials: _____ | Date: _____ | Initials: _____ | Date: _____   |
|                        |                 |             | Approved: _____ | Yes _____ No  |

*Montessori Children's House is a non-profit, equal opportunity early education organization.*