



LexFUN! Preschool Scholarship Application

Deadlines

- To receive funding for the Fall Semester - **Apply by July 1st (Note: This deadline is usually June 1st, but has been extended due to the unprecedented circumstances in 2020. Please check back as the new July 1st deadline is subject to change pending further guidance from Governor Baker and Lexington Public Schools related to preschool re-openings.)**
- 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.

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.

Revised May 2020

- 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. 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