

**Titusville Area United Way
Application for Pre-K Scholarship Program**

Student Name: _____ Age: _____

Name(s) of Parent or Guardian: _____

Name of person responsible for payment: _____

Address of student responsible for payment: _____

County of student's residence: _____

Phone number for person responsible for payments: _____

Program FF-YWCA/2____ FF-YWCA/3____ FF-YWCA/5____ TDC ____ YMCA-KAGS ____

Individuals living in the household

NAME	AGE	SOURCE OF INCOME	ANNUAL INCOME-GROSS
Total members of household		Total Income	

I certify that all information given in this application is true and accurate. I understand that I am responsible for all program fees that are not covered by this application. Please provide a copy of the most current IRS Tax Return with this application.

Applicant Signature: _____ Date: _____

Amount of scholarship approved: _____	Approved by: _____
Check: _____	Date: _____