



**United Way of the
Titusville Region**
P.O. Box 401, 208 W. Spring St.
Titusville, PA 16354
814-827-1322
www.titusvilleunitedway.com

**School Year Application
United Way of the Titusville Region
Application for Pre-K Scholarship Program**

NOTE: Application must be complete before consideration for PKSO Scholarship

Student Name: _____ Age: _____ D/O/B: _____

Name(s) of Parent or Guardian responsible for payment: _____

Address of parent or guardian responsible for payment: _____

Phone number for person responsible for payments: _____

County of student's residence: _____ Does the student have a disability?: Y___ N___

(Please check one)

Program FF-2 day___ FF- 3 day___ FF-5 day ___ TFreeKidz ___ TF-YMCA ___
Cost Per Week: _____

Individuals living in the household. All information must be complete.

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: _____

If my child does not receive an award I would: _____ Reduce days of Attendance
_____ My child would not be able to attend or _____ No Change **(Please choose one)**