



FAMILY SCHOLARSHIP APPLICATION - 2021

PRESCHOOL CHILD:

First Name _____ Middle Name _____

Last Name _____ Other Name or Nickname _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____

Please select the gender and race that best represent how the child identifies. We recognize that the available response options may be limited and that there are identities that are not captured by the options in these questions. By asking these questions, we are taking an initial step to inform our efforts to ensure our recruitment and enrollment processes are equitable.

Gender Identity Female ☐ Male ☐ Non-binary/Gender non-conforming ☐

Prefer to self-describe (specify): _____ Pronouns: _____

Race Asian/Asian-American ☐ Black/African-American ☐ Hispanic/Latinx ☐ Multi-Racial ☐

Native American/Alaskan ☐ Pacific Islander/Native Hawaiian ☐ White ☐

Prefer to self-describe: _____

Primary Language spoken at home _____

Other language(s) spoken _____

Please check this box if you have a childcare voucher from the Massachusetts Department of Early Education and Care. ☐

Has your child gone to preschool or childcare before? Yes ☐ No ☐

If yes, where? _____

Has your child received services from Early Intervention? Yes ☐ No ☐

Does your child have an Individualized Education Plan from the Public Schools? Yes ☐ No ☐

Is your child being evaluated by the Preschool Team from Special Start at the Cambridge Public Schools? Yes ☐ No ☐

For next year, have you applied or registered your child for (check all that apply):

Junior Kindergarten, Cambridge Public Schools ☐

Three-Year-Old program, Cambridge Public Schools ☐

Special Start, Cambridge Public Schools ☐

Head Start ☐

Department of Human Service Preschool Program ☐

PLACEMENT INFORMATION

If you qualify for a scholarship, we will do our best to match your preference for preschool with available openings. We cannot guarantee all your preferences will be met.

We work with independent, not-for-profit preschool programs throughout Cambridge to place children with scholarships. These programs have met quality standards set by the Birth to 3rd Grade Partnership. They have agreed to accept our scholarships.

How many hours a day do you want your child in Preschool? (select one)

3-4 hours/day ☐ 5-6 hours/day ☐ 8-10 hours/day ☐ No preference ☐

What is the earliest time you would want a Preschool program to start? (select one)

7:30am ☐ 8:00am ☐ 8:30am ☐ 9:00am ☐

How many months a year do you want Preschool? (select one)

10 months (September-June with summer off) ☐ 12 Months (year-round) ☐

How will you get to Preschool? (you can select more than one)

Walk ☐ Use the T – Red Line ☐ Use buses ☐ Drive ☐

Where do you want your child to go to Preschool? (you can select more than one)

Cambridgeport/Riverside ☐ Central Square ☐ East Cambridge ☐ Harvard Square ☐
Porter Square ☐ North Cambridge ☐ West Cambridge (near Watertown/Belmont) ☐

We partner with Head Start and Special Start. Please check here if we have **permission** to share your information. Yes ☐

PRIMARY PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____

Relationship to child (check one): Foster Parent ☐ Grandparent ☐ Other Family Member ☐
Parent ☐ Step-Parent ☐ Other (specify) _____

Home Address: _____ City _____

State: _____ Zip Code: _____

Primary Phone Number: _____ Phone Type (check one): Cell ☐ Home ☐ Work ☐

Other Phone Number: _____ Phone Type (check one): Cell ☐ Home ☐ Work ☐

Email Address: _____

Email Type (check one): Professional ☐ Personal ☐ Other ☐

Date of Birth (mm/dd/yyyy): _____ Country of Birth: _____

Highest level of Education: Some High School ☐ High School Graduate/GED ☐
Some College or Trade School ☐ Completed Trade School ☐ Associate's Degree ☐
4 Year Degree ☐ More than a 4 Year Degree ☐

Are you currently in school? Yes ☐ No ☐ If yes, where? _____

Are you currently working? Yes ☐ No ☐

During the Covid-19 pandemic, did you become unemployed? Yes ☐ No ☐

Are you still unemployed or furloughed because of Covid-19? Yes ☐ No ☐

Family Structure (select one): Formally Separated ☐ Legally Divorced ☐ Legally Married ☐
Separated ☐ Single ☐ Unmarried/co-parenting ☐ Widowed ☐

Do any of these apply to your family? (select all that apply): DCF Involved ☐ Foster Care ☐
Homeless ☐ Incarcerated Parent ☐ Teen Parent ☐

Are you currently facing eviction? Yes ☐ No ☐ **Do you have health insurance?** Yes ☐ No ☐

OTHER PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____

Relationship to child (check one): Foster Parent ☐ Grandparent ☐ Other Family Member ☐
Parent ☐ Step-Parent ☐ Other (specify) _____

Home Address _____ City _____

State _____ Zip Code: _____

Primary Phone Number: _____ Phone Type (check one): Cell ☐ Home ☐ Work ☐

Other Phone Number: _____ Phone Type (check one): Cell ☐ Home ☐ Work ☐

Email Address: _____

Email Type (check one): Professional ☐ Personal ☐ Other ☐

Date of Birth (mm/dd/yyyy): _____ Country of Birth: _____

Highest level of Education: Some High School ☐ High School Graduate/GED ☐
Some College or Trade School ☐ Completed Trade School ☐ Associate's Degree ☐
4 Year Degree ☐ More than a 4 Year Degree ☐

Are you currently in school? Yes ☐ No ☐ If yes, where? _____

Are you currently working? Yes ☐ No ☐

During the Covid-19 pandemic, did you become unemployed? Yes ☐ No ☐

Are you still unemployed or furloughed because of Covid-19? Yes ☐ No ☐

Are you currently facing eviction? Yes ☐ No ☐ Do you have health insurance? Yes ☐ No ☐

HOUSEHOLD INFORMATION

Please specify any communication accommodations needed by a parent/guardian.

Name:	Name:
Need TTY (Text to Telephone): Yes <input type="checkbox"/> No <input type="checkbox"/>	Need TTY (Text to Telephone): Yes <input type="checkbox"/> No <input type="checkbox"/>
Need Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>	Need Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>
Language Spoken:	Language Spoken:

Does your household currently receive any of the following? (check all that apply)

SNAP	No <input type="checkbox"/> Yes <input type="checkbox"/>	WIC	No <input type="checkbox"/> Yes <input type="checkbox"/>
Fuel Assistance	No <input type="checkbox"/> Yes <input type="checkbox"/>	Housing Voucher (e.g., Section 8)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Medicare	No <input type="checkbox"/> Yes <input type="checkbox"/>	Unemployment	No <input type="checkbox"/> Yes <input type="checkbox"/>
TANF	No <input type="checkbox"/> Yes <input type="checkbox"/>	SSI/SSDI	No <input type="checkbox"/> Yes <input type="checkbox"/>
VA Benefits	No <input type="checkbox"/> Yes <input type="checkbox"/>	Other government subsidy/assistance	No <input type="checkbox"/> Yes <input type="checkbox"/>

Current Housing (select one) Homeless ☐ Inclusionary Housing ☐ Living with a friend/family ☐
Market Rate Rental ☐ Own Residence ☐ Public Housing/CHA ☐ Section 8 ☐

Total Number of **People** in Household: _____ Total Number of **Children** in Household: _____

We need to know your family's income. Most families file federal tax returns. See next page.

If you do NOT file a federal tax return, please tell us why?

- ☐ You do not make enough money to file tax return
- ☐ You receive Social Security benefits as primary income
- ☐ You receive other government benefits as primary income
- ☐ Other reason _____

Fill in information from your Form **1040** U.S. Income Tax Return.

- If there are two parents on the scholarship application, we need tax return information for both parents.
- If you are married and a two parent/guardian household, we need joint tax return information. If you filed separately, we need individual tax return information for each parent/guardian. Two forms are supplied.
- If you don't have your 2021 Return, send information from your 2020 Federal Tax Return. We will require your 2021 Tax Return information by June 1, 2022.
- **No social security numbers**, please.

Is this information from your tax return for 2021? Yes ☐ No ☐

Is this information from your tax return for 2020? Yes ☐ No ☐

Look at the first page of your Tax Return and copy information onto this form.

Your first name and middle initial (as it appears on your tax return)	Last name (as it appears on your tax return)
If joint return, spouse's first name and middle initial (as it appears on your tax return)	Last name (as it appears on your tax return)
Home address (number and street) or P.O. box If you have one	Apt. no.
City, town or post office, state, and ZIP code	

Dependents		Relationship to you (son, daughter, parent, etc.)
First Name	Last Name	

Your adjusted gross income , 2021. ▶	Line 11	\$
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If using your 2020 Form 1040, your adjusted gross income is line 11 ▶	Line 11	\$
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If there is a second parent on your scholarship application,
and if the second parent filed a separate tax return,
fill out the form below for the second parent.

Is this information from your tax return for 2021? Yes ☐ No ☐

Is this information from your tax return for 2020? Yes ☐ No ☐

Look at the first page of your Tax Return and copy information onto this form.

Your first name and middle initial (as it appears on your tax return)	Last name (as it appears on your tax return)
If joint return, spouse's first name and middle initial (as it appears on your tax return)	Last name (as it appears on your tax return)
Home address (number and street) or P.O. box If you have one	Apt. no.
City, town or post office, state, and ZIP code	

Dependents	Relationship to you (son, daughter, parent, etc.)
First Name	Last Name

Your adjusted gross income, 2021 ▶	Line 11	\$
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If using your 2020 Form 1040, your adjusted gross income is line 11 ▶	Line 11	\$
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Send application to:

Birth to 3rd Grade Partnership C/O Cambridge Public Schools 1972 Massachusetts Ave. Cambridge, MA 02140 or email pictures of each page to akesten@cpsd.us

If application was completed with an Outreach Worker or the family was referred by a community organization, please tell us:

Name of Outreach Worker: _____

Organization: _____

Telephone / Email: _____