



SCHOLARSHIP APPLICATION

☐ PRESCHOOL

☐ PARENT'S DAY OUT

☐ OTHER: _____

Date: _____

Student name: _____ Date of birth (Month/Day/Year): _____

Parent/Guardian(s) name(s): _____

Phone Number and Email: _____

School/Program Applying for (select all that apply):

☐ Batavia Covenant Church Preschool ☐ Early Childhood Center through Batavia School District

☐ New Horizons Park District Preschool ☐ Batavia United Methodist Church Parent's Day Out

Which days do you prefer? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Which time of day do you prefer? ☐ Morning ☐ Afternoon ☐ Either Morning or Afternoon

Is your student potty-trained? ☐ Yes ☐ No

Primary Language of Child: _____ Primary Language of Parent(s): _____

Will you be able to provide transportation to and from the program and in case of emergency? ☐ Yes ☐ No

Scholarship Eligibility Criteria: (Please initial each line to agree with terms)

_____ My child is of preschool or kindergarten age.

_____ My child lives in Batavia or the school boundaries established by Batavia Public Schools.

_____ My family meets the income guidelines. (If not, please provide information in the applicant narrative.)

_____ My family agrees to provide transportation to and from the program and is available to transport child in case of illness.

_____ My family agrees to pay the established co-payment fee.

_____ My child will attend the program on a regular basis. Poor attendance may result in a loss of the scholarship.

In signing this application, you agree to the terms of scholarship eligibility including proof of financial qualifications, co-payment requirements, and 85% or better program attendance. Family grants Batavia United Way permission to communicate with program providers.

Parent/Guardian Signature: _____

PLEASE RETURN APPLICATION ALONG WITH PROOF OF RESIDENCY AND FINANCIAL ELIGIBILITY TO BATAVIA UNITED WAY.

For Residency: A copy of your most recent rent or utility bill

For Financial Eligibility: We can accept a copy of your Link card. If you do not have Link, BUW will work with you to determine if you qualify.

You may email to: successby6@bataviaunitedway.org or mail to the office at 700 W Fabyan Parkway, Suite 120A, Batavia IL 60510. For assistance please call 630-877-2780 or discuss with a program provider.

SCHOLARSHIPS ARE REVIEWED ON A FIRST-COME, FIRST-SERVED BASIS. SPACE IN CLASSROOM AND SCHOLARSHIP FUNDS ARE LIMITED.

APPLICANT NARRATIVE: *Please tell us about your child. Are there any circumstances we should be aware of? If the application is for a unique request, explain the suggested program and goals hoped to achieve through intervention. Please provide information regarding your financial need for the scholarship as well.*

-----For Office Use Only-----

FINANCIAL ELIGIBILITY VERIFICATION: *Please check the qualifier used for eligibility*

IGA ☐

IL EBT Link Card ☐

Batavia Park District Leisureship ☐

Committee Approval ☐

Authorized By: _____ Date: _____

Authorizing Agency: _____

PROGRAM FEES:

Total Cost of Program: _____

Batavia United Way Cost	Program Provider Cost	Family Cost

Semester Payment: \$ _____ ***payable to program provider

