



*Helping neighbors become friends.*

## **Program Scholarship Application**

The COMO understands that sometimes families need help. As a nonprofit we strive to keep our costs as low as possible and rely on the generosity of our donors to support scholarship expenses.

If you are requesting financial assistance, please complete the attached form and include all required financial documents listed below with your application.  
All information will be kept strictly confidential.

Decisions will be made utilizing Federal Poverty Guidelines with a review of the  
Submitted personal financial documents.

The financial documents required to complete a Scholarship Application include:

- \* Most recent tax return
- \* Most recent four pay stubs for all adult family members
- \* All sources of income for all adult family members
- \* Most recent month's bank statement

Applications for childcare programs must first apply for the Connecticut Care for Kids program. Care for Kids information and forms can be obtained at [www.ctcare4kids.com](http://www.ctcare4kids.com). These forms are also available at the COMO for your convenience. Staff are also available to assist you through this process.

Please be sure to submit your application in a timely manner with all required documents.  
Incomplete applications will result in a delay in the scholarship decision.  
Applicants will be notified of award availability and eligibility in a timely manner  
to ensure access to desired programming.

Contact the COMO, 860-535-2476, if you would like further information.



# Stonington COMO Program Scholarship Application

IF YOUR HOUSEHOLD'S GROSS INCOME FALLS WITHIN THE INCOME LIMITS FROM THE CHART BELOW, YOU MAY BE ELIGIBLE FOR A FINANCIAL SCHOLARSHIP. ALL REQUIRED DOCS ON INSTRUCTION SHEET ARE NECESSARY FOR APPLICATION TO BE CONSIDERED COMPLETE.

## HOUSEHOLD SIZE

ANNUAL INCOME	1	2	3	4	5	6	7	Participant Fee
	Up to \$18,825.00	\$25,550.00	\$32,275.00	\$39,000.00	\$45,725.00	\$52,450.00	\$59,175.00	25% Fee*
	125% Federal Poverty Guidelines**							
	Up to \$22,590.00	\$30,660.00	\$38,730.00	\$46,800.00	\$54,780.00	\$62,940.00	\$71,010.00	50% Fee
	150% Federal Poverty Guidelines**							
	Up to \$30,120.00	\$40,880.00	\$51,640.00	\$62,400.00	\$73,160.00	\$83,920.00	\$94,680.00	85% Fee
200% Federal Poverty Guidelines**							Revised 1/23/24	

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Home # \_\_\_\_\_  
Cell # \_\_\_\_\_

E-mail: \_\_\_\_\_

Briefly describe any special circumstances: \_\_\_\_\_

\_\_\_\_\_

Scholarship Requested for  
Program: \_\_\_\_\_  
Participant: \_\_\_\_\_

## Include ALL Household Members:

First Name	Last Name	Relationship to applicant	DOB	Age
		SELF		

## What school do your children attend?

Child's First Name	Grade (if summer, what grade will they attend in the Fall)	School Attending

## What type of income does your household have?

First Name	How Frequently? (annually, monthly, weekly, etc.)	Income Type (Employment, Child Support, State Aid - SNAP, etc.)

Income information must be updated immediately upon a change in your household's situation. All information above is certified to be true and correct to the best of my knowledge.

Signature of Applicant

Date