

**2021 – 2022 Lincoln County Pre-K MLK Grant Application**

*As inaugurated by Lincoln Internal Medicine, in Collaboration with Chesterbrook Academy*

Mission: To provide financial support to Lincoln County children/families of color for quality Pre-Kindergarten education opportunities.

Background: Pre-Kindergarten is a fun and exciting learning opportunity for children, offered at an important inflection point in a child’s growth and development. Pre-Kindergarten classes are located throughout Lincoln County (Lincoln County School System, Head Start, and private child care centers). We have chosen to partner with Chesterbrook Acadmeny, located in Denver, NC, as their team of educators have shown to provide a safe, nurturing evironment where children may learn, grow, and thrive. Chesterbrook Academy, a NC 5-Star Preschool, provides all Pre-K children a Links to Learning curriculum that prepares children for elementary school and beyond by developing academic, social, and emotional skills. By completing the following application, your child/family will be considered for a $3,000 education grant, to be used over the course of the entire academic year (August 23rd, 2021 thru June 3rd 2022. This equates to a pro-rated $73.17 reduction in Chesterbrook Pre-K weekly tuition) – or, if grant applied to registration fee ($90), then equates to a pro-rated $70.97 reduction in weekly tuition.

Importantly, this grant was developed in the spirit of Dr. Martin Luther King Jr’s life mission for service and endeavouring to promote equality.

Deadline for submission of application is Friday, July 23rd, 2021. Grant award recipient to be announced week of July 26th – July 30th, 2021.

Eligibility/Prioritization Criteria:

* Must be Lincoln County Resident, age 4 as of August 31st, 2021
* Assistance to be offered with priority to students/families of color
* Assistance to be offered with priority to students/families demonstrating financial need
* Assistance to be offered with priority to students demonstrating opportunity for pre-K academic growth

Application considered incomplete until the following information received:

Completed Application Proof of Income (1040, W-2, Child Support, Social Security, etc)

Proof of Birth (Birth Certificate) Proof of Residency (current utility bill or rental agreemnt)

* Complete the following application and submit supporting documents to Chesterbrook Academy

-OR-

* Complete online application at <https://forms.gle/5yBajsYD5pyB34wm8> and submit supporting documents to Chesterbrook Academy

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Child’s Information

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

First Middle Last

Age: \_\_\_\_\_\_\_\_ If child is not 4, will your child be 4 on or before August 31st? Yes No

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street  City  State Zip County

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different from above) Street  City  State Zip County

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander Hispanic/Latino White or European American

Gender: Male Female Child’s Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child a Lincoln County, NC Resident?: Yes No

Family Information

Mother/Stepmother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resides w/ Child YES No

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Stepfather/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resides w/ Child YES No

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the child’s family size? \_\_\_\_\_\_\_\_\_\_\_\_ Total Number (including the Pre-K Child)

|  |  |  |
| --- | --- | --- |
| Names of ALL family members that live in the household. | Relationship to Lincoln County Pre-K Child (e.g. mother, father, grandparent, sister, brother, etc) | Date of Birth, Age |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

Are the parents in this family employed, unemployed, or enrolled in school? Please check.

Mother/Guardian: Working YES NO

Seeking Employment YES NO

Job YES NO

Father/Guardian: Working YES NO

Seeking Employment YES NO

Job YES NO

Mother/Stepmother/Guardian’s Income – LIST ALL SOURCES OF INCOME

|  |
| --- |
| Earned Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Public Assistance/Work First $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Social Security $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Unemployment Benefits/Worker’s Comp $ \_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Child Support/Alimony $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |

Father/Stepmother/Guardian’s Income – LIST ALL Sources of INCOME

|  |
| --- |
| Earned Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Public Assistance/Work First $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Social Security $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Unemployment Benefits/Worker’s Comp $ \_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Child Support/Alimony $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |
| Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weekly every two weeks twice a month monthly annually |

Please sign below if you are currently unemployed, not receiving unemployment benefits or any other source of income at this time. I certify that this information is true and accurate and understand that any false information may result in termination from the program.

Mother/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Is your child receiving subsidy for child care? YES NO

How would this pre-K grant benefit your child/family? (please write below)

Parent Responsibility and Participation

* I understand this is an application for pre-K grant assistance and does not constitute enrollment into any program
* I certify that the information given on this application is true and accurate and all income has been reported
* I understand that if my child is selected to receive pre-K grant assistance, parent involvement will be critical to the success of my child and I/we commit to participate as required by pre-K school program.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_

Please submit application and associated supportive documents to:

**Chesterbrook Academy, C/O Principal Chandrea Wilson, 7274 NC Hwy 73, Denver, NC. Phone 704-827-1091**