Columbia Heights Preschool

775 Galloway Road/P.O. Box 327

Galloway, Ohio 43119 614-878-3738 chpreschool@hotmail.com www.chpreschool.com

EARLY CHILDHOOD EDUCATION (ECE) GRANT APPLICATION



Child's Name	Last 4 Digits of SSN#
	City/Zip
Birth Date	
Email	
Residency Begin Date	Number in Household
Grant Application Packet Paperwork (D	ocuments Required to Apply)
All forms can be accessed under the Forms tab on the main page of our website located at www.chpreschool.com .	
 Columbia Heights Preschool Registration Formula This can be submitted with the grant application school year and on file in the preschool office. 	orm on packet paperwork or previously submitted for the current
Columbia Heights Preschool ECE Grant App	plication
JFS01121 ECE Eligibility Screening Tool App	plication
Copy of the child's birth certificate	
 Family Income Verification Document(s) A 1040 annual tax report, two recent consecut support, or a letter from an employer verifying 	ive paystubs, tax records, business records, award letters, child annual wages.
My signature below indicates that all information and document truthful. I agree to abide by the policies set by the program is	nentation provided for the ECE Grant Application is accurate and regarding this grant.
Parent/Guardian Signature	Date

Number in Household	Full Tuition Paid Through Grant
Total Household Income	Partial Tuition Paid Through Grant
Eligibility Level Assigned	Co-Pay Amount