

2024-25
School Readiness/Scholarship program

For Office Use Only
Date Received: _____
Class ID: _____
Payment Received Date: _____
Payment Amount Received: _____
Desired Tuition Amount: _____
Kopp SR Pathway I

*Return with **2 pay stubs** for each working adult & **Income Tax Return**

Date: _____
Child's Name: _____ Total # of people who live at address: _____
Address: _____ City: _____ Zip Code: _____
Home phone number: _____
Child's Birth Date: _____ Age as of Sept 1, 2024: _____ M _____ F _____
WIC # (if applicable): _____

Parent Name: _____
Address: _____
City/Zip: _____
Occupation: _____
Employer: _____
Cell phone: _____
Email: _____

Parent Name _____
Address: _____
City/Zip: _____
Occupation: _____
Employer: _____
Cell phone: _____
Email: _____

Household Monthly Income Information:

Name of Adult: _____ Age _____
Wages and Salaries: \$ _____ Pension/SS: _____
Unemployment: \$ _____ Public Assistance: \$ _____
Child Support: \$ _____ Alimony: \$ _____ Other Income: \$ _____

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Wages and Salaries: \$ _____ Pension/SS: _____
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