

What is CAPA?

The Concord Area Preschool Association is a group of local educators with a commitment to quality early education in Concord and the surrounding towns. The group meets several times each year and focuses on issues related to quality, affordability, availability, and accessibility of early education and care for families living in the Concord area. As part of its commitment, CAPA has established a scholarship program to help families in need with the cost of early education. Marcia "Marty" Stern, a founding member of CAPA, was instrumental in the establishment of our scholarship program. In 2012, the fund was renamed the CAPA/Marcia Stern Scholarship Fund to honor her memory and her commitment to the children of the Concord area. The scholarship fund is supported by the Concord-Carlisle Community Chest, local churches, member childcare programs, and other community donors. Applications are accepted year-round, with the majority of scholarships awarded in early September.

CAPA

c/o Joanne Bergin
38 Oak Street
Natick, MA 01760



CAPA/ Marcia Stern Scholarship Application



*Concord Carlisle Community
Chest Member Agency*

CAPA Scholarship Application Form

CAPA Scholarships are paid directly to the child's school and will not exceed \$1500. Scholarships are awarded based on need (with priority given to children in their last year of preschool) based on available funds.

Child's Name: _____ Date of Birth: ____/____/____
Street Address: _____
Town: _____ ZIP code: _____
Program child will attend: _____
Number of days enrolled per week? _____ **Hours?** _____ **Tuition Cost?** _____

Parent/Guardian #1 Name: _____ Relationship to child: _____
Home Phone #: (____) ____-____-____ **Work Phone #:** (____) ____-____-____
Number of hours worked per week: _____
Monthly Gross income, including child support, SSI,AFDC checks, other: \$ _____

Parent/Guardian #2 Name: _____ Relationship to child: _____
Home Phone #: (____) ____-____-____ **Work Phone #:** (____) ____-____-____
Number of hours worked per week: _____
Monthly Gross Income, including child support, SSI,AFDC checks, other: \$ _____
Total Annual Family Income _____

How many other children in the family? _____
Are they currently enrolled in an early care and education and/or school age program? _____

Child _____ **Age** _____ **Program/Provider** _____

Are you receiving other financial assistance? _____ **If yes, how much?** _____
Source of Additional Assistance _____
Please briefly explain the reason you are seeking assistance (use an additional sheet if needed) _____

Please enclose verification of your:

1. Gross Monthly Income. It is necessary to send in copies of **4 consecutive pay stubs**, child support agreements/checks, SSI/AFDC checks which are the most recent available.

I verify that the information provided here is accurate and complete to the best of my knowledge. I will notify CAPA immediately if there are any changes in this information.

Parent's signature _____ **Date** _____
Please return to: CAPA

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