



# EARLY CHILDHOOD MATH DEVELOPMENT FOUNDATION

## Scholarship Application

Thank you for your interest in the Early Childhood Math Development Foundation after-school program. Please complete this application for our consideration.

### Parent or Guardian Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Email \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email \_\_\_\_\_

Circle highest level of education completed  
*High School Some College Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree*

### Child's Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

DOB: \_\_\_\_\_ Gender:  Male  Female

School Grade: \_\_\_\_\_

School Name \_\_\_\_\_

School \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

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

**Check All That Apply: Optional For demographic purpose only**

- \_\_\_\_\_ Single Parent Family
- \_\_\_\_\_ Foster Care Family
- \_\_\_\_\_ Military Family
- \_\_\_\_\_ Receive reduced-price or free meals at school
- \_\_\_\_\_ Receive SNAP or TANF
- \_\_\_\_\_ Receive other public benefits

Mail or email completed application to:  
ECMDF  
302 East Joppa Road, Suite 404  
Towson, MD 21286  
[ECMDFMath@gmail.com](mailto:ECMDFMath@gmail.com)

If you have questions, contact ECMDF:  
(410) 9982-6733 / (800-283-9340 / (813) 808-2888 cell

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If a scholarship is awarded, I understand that false or misleading information in this application may result in the applicant's removal from the after-school program.*

Parent or  
Guardian's  
Signature:

\_\_\_\_\_ Date: \_\_\_\_\_