

SCHOLARSHIP APPLICATION

DATE: _____

All information on this application will be kept confidential. Please fill out this form completely and accurately. Forms missing any information cannot be considered for scholarships.

Child's Na	ame:			Birth date:		
Class enr	rolled (circle all that apply):	Preschool 3	PreK 4	TK 5	Explorers	
	ame:			Birth date:		
Class enr	olled (circle all that apply):	Preschool 3	PreK 4	TK 5	Explorers	
	Amount of monthly tuition			\$		
	Amount family can pay			\$		
	Amount of scholarship requ	lested		\$		
Parent/G	uardian Names:					
Address:				Phone:		
City:				State:	Zi	p:
Total num	nber of dependents:					
Church p	resently attending:					
		FINANCIAL D	DISCLOSU	<u>JRE</u>		
A. Incom	e for previous calendar yea	r – 2023 (Att	tach a cop	oy of latest ⊺	Fax Return)	
1.	Monthly take home income	e - Father	\$			
2.	Monthly take home income	e - Mother	\$			
3.	Other Income Define:		\$			
4.	Total of lines 1, 2 & 3		\$			

5. If you anticipate a difference between your total monthly take home income for 2023 and for the current year, estimate your total monthly take home income.

\$_____

Provide reason for take home difference, as indicated ab
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7. List any unusual medical expenses, casualty losses or family circumstances which have caused a financial burden. (A copy of your monthly budget would be helpful.)

I (we) certify that I (we) have read this application and that it is accurate and complete to the best of my (our) knowledge. I (we) understand that scholarship consideration is given first to TK, then PreK, then Preschool children and scholarships are not available for two year olds.

Date

Signature

Date

Signature

Completed Scholarship Application must be submitted to Preschool Office by March 28, 2024.