



# Scholarship Application | 2024 - 2025

Parent Name(s): \_\_\_\_\_

Student Name(s): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Program Enrolled/Number of Days Student Will Attend: \_\_\_\_\_

Parent 1 Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Phone: \_\_\_\_\_ Email \_\_\_\_\_

Please fill out ALL the following questions. A small committee from the Preschool Board will use this information to determine what scholarship money may be offered to your family. **ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

How many dependents are in your care? Children: \_\_\_\_\_ Others: \_\_\_\_\_

Dependent 1 name: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Dependent 2 name: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Dependent 3 name: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Dependent 4 name: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Dependent 5 name: \_\_\_\_\_ School currently attending: \_\_\_\_\_

### Expense Information

Do you rent your home?  yes  no Monthly rent: \$ \_\_\_\_\_

Do you own your home?  yes  no Balance on mortgage \$ \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Home equity loan/Secondary mortgage payment \$ \_\_\_\_\_

Cars owned (make/year): \_\_\_\_\_

Total monthly car payment(s) \$ \_\_\_\_\_

Other major monthly expenses: \_\_\_\_\_



Income Information

Parent 1 Employer: \_\_\_\_\_

Position: \_\_\_\_\_  Part time  Full time

Length of employment: \_\_\_\_\_ Current Salary/Hourly Wage: \$ \_\_\_\_\_

Total salary 2023: \$ \_\_\_\_\_ Expected salary 2024: \$ \_\_\_\_\_

Benefits received  Health Insurance  Bonuses amt: \$ \_\_\_\_\_  Child Care Reimbursement

Other: \_\_\_\_\_

Parent 2 Employer: \_\_\_\_\_

Position: \_\_\_\_\_  Part time  Full time

Length of employment: \_\_\_\_\_ Current Salary/Hourly Wage: \$ \_\_\_\_\_

Total salary 2023: \$ \_\_\_\_\_ Expected salary 2024: \$ \_\_\_\_\_

Benefits received  Health Insurance  Bonuses amt: \$ \_\_\_\_\_  Child Care Reimbursement

Other: \_\_\_\_\_

Other sources of income: \_\_\_\_\_ Annual aid income: \$ \_\_\_\_\_  
(financial aid/support, etc)

Current checking acct balance: \$ \_\_\_\_\_ Current savings account balance: \$ \_\_\_\_\_

Other savings total: \$ \_\_\_\_\_ Description: \_\_\_\_\_  
(money market, stocks, investments, etc.)

Other properties owned: \_\_\_\_\_

Other assets: \_\_\_\_\_

Additional Income Information:

**Please list any other information that will explain your current financial situation**

**Scholarship Request:**

I/We request scholarship aid in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % per month for the 2024-2025 school year. The above financial information is true to the best of my knowledge and records.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_