



Scholarship Application 2023-2024 School Year

Parent Name(s): _____

Student Name(s): _____

Student DOB: _____

Program Enrolled/Number of Days Student Will Attend: _____

Address: _____

Phone numbers: Mother's Home _____ Work _____

Father's Home _____ Work _____

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: ____

1 Dependant child's name: _____ School currently attending: _____

2 Dependant child's name: _____ School currently attending: _____

3 Dependant child's name: _____ School currently attending: _____

4 Dependant child's name: _____ School currently attending: _____

5 Dependant child's name: _____ School currently attending: _____

Other dependant's name(s): _____ Relationship: _____

EXPENSE INFORMATION:

Do you rent your home? _____ If so, what is your monthly rent? \$ _____

If you own your home, what is the balance on your mortgage? \$ _____

Monthly mortgage payments: \$ _____ Balance of home equity/second mortgage: \$ _____

Monthly payment: _____ Other loans: \$ _____

Please list make and year of cars you own:

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_____ Total of monthly car payments:

\$ _____

Other major monthly expenses (please name and give monthly payment):

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INCOME INFORMATION:

Mother's employer(s): _____

Job description:

Hours worked: _____ Length of employment _____

Current Salary/hourly wage: _____ Total salary 2019: \$ _____

Expected total salary 2020: \$ _____

Benefits received: Health insurance _____ Bonuses _____ (\$ amount: _____)

Child care reimbursement _____ Other _____

Father's employer(s):

Job description: _____

Hours worked: _____ Length of employment _____

Current Salary/hourly wage: _____ Total salary 2022: \$ _____

Expected total salary 2023: \$ _____

Benefits received: Health insurance _____ Bonuses _____ (\$ amount: _____)

Child care reimbursement _____ Other _____

Other sources of income/support (financial aid) _____ Annual aid income: _____

Current savings account balance: \$ _____ Current checking account balance: \$ _____

Other savings (money market, stocks, investments): TOTAL \$ _____

Description: _____

Other properties owned (other than primary residence):

Other assets: _____

Additional income information:

Below 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 2023-2024 school year. The above financial information is true to the best of my knowledge and records.

Signed: _____

Date of Application: _____