



Child's Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Date first enrolled at preschool \_\_\_\_\_ Class: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Is child living with \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Other?

**Ages and relationships of others in the household:**


Monthly Income of Household:		Monthly Expenses of Household:	
Total household income last month:		Rent or mortgage:	
Total projected income this month:		Monthly daycare:	
Child support or alimony:		Utilities:	
State or Federal aid:		Medical expenses:	
Any other sources of income to household:		Insurances:	
		Other Expenses: (please list)	

**Please list any unusual circumstances that would affect your child's eligibility for a scholarship:**

---



---



---

Do you wish a \_\_\_\_\_ total or \_\_\_\_\_ partial scholarship? (Check one)

If partial, what percentage? \_\_\_\_\_

Application submitted by: \_\_\_\_\_ Date: \_\_\_\_\_