

Date Received _____



South Whitley Community Preschool Scholarship Application

FILL OUT THIS FORM ONLY IF YOU ARE APPLYING FOR A SCHOLARSHIP

Child's Name _____ Birth Date _____

Address _____

Home Phone Number _____ Cell Phone _____

Mother's Name _____ Father's Name _____

Who does the child live with (check one)

☐ Mother ☐ Father ☐ Both Parents ☐ Other _____

Who has legal custody of the child? _____ (attach supporting documents if there has been a legal custody decision).

What is your class preference? (check one) ☐ AM ☐ PM ☐ No Preference

Financial Information

Information is used solely to determine eligibility and will remain confidential.

Mother's Information:

Occupation _____ Place of employment _____

How long have you worked there? _____ Work phone # _____

Father's Information:

Occupation _____ Place of employment _____

How long have you worked there? _____ Work phone # _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Date Received _____

Please list others living in the child's home: name, age and relationship to child.

Name

Age and relationship to child

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Monthly Expenses: Housing _____ Heating _____ Child Care _____
Electricity _____ Phone _____ Cable _____ Groceries _____
School Lunches _____ Gas for Vehicles _____ Vehicle Insurance _____
Vehicle Payment(s) _____ Medications _____ Credit Cards _____
Garbage/Water Softener _____ Other _____

Are there other adults contributing to the household income? _____ If yes, please explain _____

Please describe any special financial circumstances affecting the family's budget.

How much tuition do you feel your family can contribute each month? (You must enter a dollar amount here) _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT INCOME TAX FORM AND THE TWO MOST RECENT PAY STUBS FOR ALL EMPLOYED LIVING IN THE HOUSEHOLD. Scholarship requests will not be considered without these documents. This information will be kept secure and will be shredded after scholarships have been awarded.

I hereby certify that all of the information in this application is true and accurate to the best of my knowledge.

Parent/Legal Guardian Signature(s)

Date