



## Application for Scholarship

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Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

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

Child resides with: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Names, relationship and ages of all dependents in household:

_____	_____
_____	_____
_____	_____
_____	_____

Total income for the year: \_\_\_\_\_

List all sources of income: \_\_\_\_\_

\_\_\_\_\_

Please explain the hardships that require you to seek financial assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much can you commit to pay monthly toward your child's tuition?

\_\_\_\_\_

Please enclose copies of last year's income tax forms and copies of your last three pay stubs. If you did not file income tax last year, submit your pay stubs. If you are receiving child support, please share this information as well.

Please make sure you have completed and submitted a registration form and paid the registration fee.

We/I agree to inform the Director of the preschool of any changes in our/my financial situation during the school year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make all requests for financial assistance as early as possible.

Applications will be reviewed on a first come/first served basis. Emergency situations will be considered as the need arises.

Scholarships are awarded to families without discrimination in regard to race or religious beliefs. Scholarship requests are reviewed by the Scholarship committee. You will be notified in writing within 30 days of application.

If you have any questions or concerns, please contact the director at: 856-589-5812.

Mail your completed form to:

Our Father's House Preschool  
Pitman United Methodist Church  
758 North Broadway  
Pitman, NJ 08071  
Attn: Scholarship committee