

# ChristKids Preschool and Childcare Scholarship Application

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Foster child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's Name \_\_\_\_\_

Employed by \_\_\_\_\_

Father's Name \_\_\_\_\_

Employed by \_\_\_\_\_

Name and ages of other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Scholarship assistance applied for: \_\_\_\_\_ Preschool \_\_\_\_\_ Preschool & Childcare

Is a parent able to assist in the preschool for a four hour shift two days per week

between the hours of 7am and 6pm? \_\_\_\_\_ Yes \_\_\_\_\_ No

Days available: \_\_\_\_\_ Any \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F

Times available: \_\_\_\_\_ Any \_\_\_\_\_ Morning Only \_\_\_\_\_ Afternoon Only

Please attach a copy of the past 2 years of tax returns and the most recent paystub from your current employer.

Please describe how your child and family could benefit from participation in ChristKids  
Preschool?

Please describe circumstances requiring a need for scholarship assistance.