

Christian Education Blessings Scholarship Fund Application Form

All information is required and must be completed for application to be considered. Please print neatly.

Child's Name: _____ Today's Date: _____

Child's Date of Birth: _____

Child is Currently Enrolled in the _____'s class (*Please check which one*) _____ 2's _____ 3's _____ 4's _____ Pre-K 4's/5's

Cost of Current Monthly Class Tuition: \$ _____

Child's Home Address: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian Home Address: _____

Parent/Guardian Email Address: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian Home Address: _____

Parent/Guardian Email Address: _____

Please describe your situation and need:

Please share any additional information or circumstances that may make it difficult to pay full monthly tuition at Grace Christian Preschool:

What amount can you afford to pay each month toward tuition? \$ _____

What amount are you *requesting* for monthly Tuition Assistance? \$ _____

How long do you anticipate needing this assistance? _____

By signing this document below, the applicant acknowledges that the statements in this application are accurate and true. All information shared on this application will be kept confidential and will be used solely for the determination of need.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____