

# First Baptist Church of Jasper Preschool & Kindergarten Scholarship Application



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

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Program in which the child is enrolled \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

Address (Including city and zip)

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

Address (Including city and zip)

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Child lives with:      Mother      Father      Both      Other: \_\_\_\_\_

Family size: \_\_\_\_\_ Adults      \_\_\_\_\_ Children

Total family income: (including all members contributing to the income of the household) \$ \_\_\_\_\_

Do you or anyone in your household receive additional financial assistance from any of the following:

Unemployment: \$ \_\_\_\_\_      Alimony: \$ \_\_\_\_\_      Other \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_      Social Security: \$ \_\_\_\_\_

Please explain any special financial circumstances affecting the family budget at this time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain how you feel a relationship with FBCJ Preschool would benefit your child and family.

\_\_\_\_\_

\_\_\_\_\_

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Are you able to contribute to your child's tuition?      Y      N

If so, how much? \_\_\_\_\_

Is your enrollment at FBCJ Preschool & Kindergarten contingent upon the receipt of scholarship funds?

\_\_\_\_\_

I hereby certify that all the information contained in the application is true and correct. I also understand that any misrepresentation of information contained in this document does constitute fraud and will, therefore, deem this application null and void.

Signature of parents or Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

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