

# First Baptist Church of Jasper Preschool & Kindergarten Scholarship Application



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

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

Program in which the child is/wishes to be enrolled: \_\_\_\_\_

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

Address (Including city and zip):

\_\_\_\_\_  
\_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

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

Address (Including city and zip)

\_\_\_\_\_  
\_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

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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: \$ \_\_\_\_\_

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

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

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

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

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

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I hereby certify that all the information contained in this application is true and correct. I understand that my child's scholarship is dependent on their regular attendance (90% of school days in session). I also understand that any misrepresentation of information contained in this document constitutes fraud and will, therefore, deem this application null and void.

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

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