Concordia Preschool Scholarship Application Form

Child's Name:	Date:	Parent's Names:				
Family Information						
Source of Funds	Mother/ Guardian 1	Father/ Guardian 2				
Occupation:						
Monthly Take Home	\$	\$				
All other income sources	\$	\$				
Savings Acct Balance	\$	\$				
Checking Acct Balance	\$	\$				
Employer						

If not employed, date and place of last employment:_

Employer Address/Phone

Payments & Bills

Please list monthly payments and bills

Item	\$ Amount
Mortgage/Rent	
Car Payment	
Credit Card(s)	
ALL Other monthly bills	

Dependant Children in Family					
Names:	Age:	Grade in School next year:	Tuition and Fees from Family Income		

Please tell us a little about your situapplying:	uation & why you are	
What is the monthly amount of assi	istance you are applying for?	
Signature:	Signature:	
– Mother/Guardian 1	Father/Guardian 2	

You will need to provide copies of most recent pay stubs along with this application.

^{*}Note- If awarded a scholarship, you will be notified in writing of the award amount. You will also be asked to sign our scholarship agreement policy.