

Montrose Zion Christian Preschool
Ann Stutler Scholarship Fund Application

Scholarship Application September 2017 – December 2017

- Please complete all fields. Failure to do so may delay the process.
- Scholarship maximum amounts begin at 25% monthly tuition.*
- Deadline for scholarship applications is Monday, August 14th, 2017.
- All scholarship recipients will be notified by the week of August 21, 2017.



Date _____ / _____ / _____

Child's Name

First _____ Middle _____ Last _____

Which class will your child be attending in the fall?

<input type="checkbox"/> 3-year-old Class Tue & Thurs 9:00-11:30 am \$120.00 monthly	<input type="checkbox"/> 3/4-year-old Class Tue, Thurs, & Fri 9:00-11:30 am \$160.00 monthly	<input type="checkbox"/> 4-year-old Class Mon, Wed, Fri 9:00-11:30 am \$160.00 monthly	<input type="checkbox"/> Pre-K Mon through Fri 9:00-11:30 am \$190.00 monthly
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Contact Information: *Please provide the information of the person to be notified of the scholarship.*

Name: _____ Phone Number: _____

Email Address: _____

Address: _____

Male Female Is child currently enrolled? Yes No

Are other sibling currently enrolled or have been enrolled? Yes No

Names: _____

How many adults are in the family? _____

How many children are in the family? _____

Do you support any other person(s) in addition to your family? Yes No If yes, how many? _____

Please give us your basic monthly budget:

Net household monthly income: _____

Mortgage or rent: _____

Utilities, including cell phone: _____

Vehicle payments: _____

Credit Card Payments: _____

Clothing and Food: _____

Other fixed expenses: _____

What budgeted amount will you contribute: _____

** The Scholarship Committee will consider exceptional need requests, but the scholarship amounts will begin at 25% of tuition maximum monthly amount. This will help us keep the scholarship available to more families.*

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Why did you choose Montrose Zion Christian Preschool? *Please limit your response to the space provided.*

Please give reasons for needing a scholarship. *Please limit your response to the space provided.*

** Please note that the preschool board may contact you for additional information before scholarships are awarded.*
*Continued scholarship support will be eliminated if student's absences are frequent/unexcused.**

Signature of parent/guardian: _____

For Office Use:

Review Date: _____

Approved Not approved

If approved:

Effective Date: _____

Scholarship Fund Contribution: _____

Balance Owed: _____

Date contact notified: _____