

Scholarship Application

This information is confidential and will be used only by the scholarship committee for selection purposes.

Scholarship assistance is available for children who attend Triangle Grace Preschool at Triangle Grace Church. Funding is based upon the financial needs of the student's family and the monies available. Some partial scholarships are offered, but no full scholarships.

Please do not leave any questions blank. The application cannot be processed without <u>all</u> information.

Requests (including application and supporting information) are due March 1. Return to the preschool office at:

| Alana Scott Triangle Grace Preschool 5001 Tudor Place Durham, NC 27713 Phone: (919) 544-2872 |
|--|
| Student's name |
| Birth date |
| Parents or guardians |
| Telephone Number (s) |
| Please provide the following information: |

- Please share why scholarship funding should be awarded to this student. Please share any pertinent information that should be made known in addition to financial needs. (You may use the back or additional pages.)
- 2. A list of major monthly expenses
- 3. A copy of your most current tax return with schedules and attachments

*How much could you pay monthly towards your child's preschool education? \$_____per month

Please read the following statement and sign below.

I understand that any misrepresentation of information provided will result in the immediate cancellation of any scholarship funding by Triangle Grace Preschool.

Signature_____

Date _____

Please complete both pages of this application



| | | Today's date | Today's date | |
|------------------------|-------------------------|---------------------|--------------|--|
| Child's name | | | | |
| Class/Age Group for | which child has applied | l | | |
| Home address | | | | |
| Father's name | | | Age | |
| Father's occupation | | | Work phone | |
| Mother's name | | | Age | |
| Mother's occupation | | | _Work phone | |
| Parents' marital statu | us | | | |
| Married | Separated | Divorced | Single | |
| Brothers: | | Sisters: | | |
| Name | Age | Name | Age | |
| Name | Age | Name | Age | |
| Name | Age | Name | Age | |
| Name | Age | Name | Age | |
| Others living with the | e family: | | | |
| Is the child currently | enrolled in a preschool | /daycare setting? _ | | |

*Note: Do not leave blank. The application cannot be processed without this information.

The Triangle Grace Preschool Board reserves the right to request additional information including specific financial information and/or a personal interview with the parents.

Please complete both pages of this application