



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 all information.

Requests (including application and supporting information) are due no later than June 1st and should be turned into 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:

1. 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 _____

Child's name _____

Class/Age Group for which child has applied _____

Home address _____

Father's name _____ Age _____

Father's occupation _____ Work phone _____

Mother's name _____ Age _____

Mother's occupation _____ Work phone _____

Parents' marital status

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 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