

MEMORIAL SCHOLARSHIP FUND APPLICATION

Fairlawn Preschool

Date of Application _____

Child's Name _____ Birth Date ____/____/____

Address _____ City _____ Zip _____

Father's Name _____ Phone _____

Address (if different from above) _____

Mother's Name _____ Phone _____

Address (if different from above) _____

Person with whom child resides _____

Address (if different from above) _____

List other children living in the household and birthdates _____

List other adults living in the household and relation to child _____

TOTAL Household Gross Salary/Income (attach previous year's tax forms) \$ _____

Additional Income Sources

Child Support	\$ _____
Disability	\$ _____
TANF	\$ _____
Unemployment	\$ _____
Food Stamps	\$ _____
Social Security	\$ _____
Other	\$ _____

List large expenses you would like us to know about. List type of expense and monthly amount:

To the best of my knowledge, the above information is accurate and complete. Scholarship Policies have been explained to me and I agree to them.

Parent or Guardian _____

Child's Name _____

Date _____ School Year _____