



209 South State Street, Dover, DE 19901  
(302)678-8987

### APPLICATION FOR PRESCHOOL SCHOLARSHIP

For Year: \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Class desired \_\_\_\_\_

Name of Parents or Guardians \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Number of Dependents at home and ages \_\_\_\_\_

Parent's or Guardian's Place of Employment \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_ Net \_\_\_\_\_

Amount of Child Support \_\_\_\_\_

Itemize ALL Expenses including household expenses (food, electric, water, car payment, mortgage, lessons, insurance) \_\_\_\_\_

State briefly the reasons for applying for scholarship assistance: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**2020 Tax Transcripts must accompany this form**

<b>OFFICE USE ONLY</b>	
Approved _____	Disc % _____
Yearly Amount \$ _____	
Initials _____	Denied _____
Reason _____	