

**TRINITY LUTHERAN PRESCHOOL
SCHOLARSHIP APPLICATION**

Please complete the entire application. All information is held in strict confidence and may be reviewed by the Trinity Lutheran Preschool Board of Directors. Return all scholarship applications with your enrollment application for timely processing. Admissions and scholarship decisions are made independent of one another.

Today's Date: ____/____/____ **Time Submitted:** ____/____/____

Child's Name: _____ **Birthdate:** ____/____/____

Parent/Guardian _____

Address: _____

City: _____ **Zip:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Employer: _____	Monthly Net Pay: _____
Other Income: _____	Monthly Amount: _____
Financial Assistance for child(ren): _____	Monthly Amount: _____
Name and Ages of other children: _____	

Please list the circumstances affecting family's ability to pay full tuition. Please attach additional information if space is needed:

Session you have applied for to attend Trinity Lutheran Preschool: _____

Amount of Scholarship requested: _____

*** Trinity Lutheran Preschool offers scholarships to families in need. Scholarships granted depend on available funds and number of families needing assistance.**

Signature: _____ **Date:** _____

Applications are to be returned to the Trinity Lutheran Preschool Director, Andrea Berchert (989) 631-0692.

Trinity Lutheran Preschool does not discriminate in race, creed, color, sex or national origin.