

Chillicothe United Methodist Preschool Scholarship Application

Eligible for (check one) ___ Primary (age 3 by Aug. 1) School Year: _____
___ Pre-Kindergarten (age 4 by Aug. 1)

Name of Child: _____ Date of Birth: _____

Father's Name: _____ Home Phone: (____) ____ - _____

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Home Phone: (____) ____ - _____

Address: (if different) _____ City: _____ Zip Code: _____

I/We currently attend (name local Church): _____

Family Income Information (all family income must be included)

Father's Employer: _____ Work Phone: _____

Yearly Gross Salary: _____ Paid: (circle one) Weekly, Biweekly, or Monthly

Mother's Employer: _____ Work Phone: _____

Yearly Gross Salary: _____ Paid: (circle one) Weekly, Biweekly, or Monthly

Unemployment Income per Month: _____

Social Security per Month: _____ Disability per Month: _____

Child Support, Alimony, or Misc. Income per Month: _____

Names and Ages of all Family Members in Household:

Please list or describe any family circumstances that have made it necessary to receive financial assistance for your child's preschool tuition.

If we receive the scholarship:

1. I agree to pay the 50% tuition payment by the 1st of each month.
2. I agree to bring my child to Sunday School and agree to serve in a children's Sunday School Class at least half the time on Sunday mornings.
3. If active in another local church, I agree to assist in one of the Christian Education programs for children at my church.
4. I certify that all information on this form is correct and true. By signing this application, I agree to promptly report changes in the above information immediately.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Send the completed application to:

Christian Life Director
United Methodist Church
1414 Walnut Street
Chillicothe, MO 64601