

Siver Spring Learning Center
Confidential
SCHOLARSHIP APPLICATION

Funds are available from a private source to provide scholarships for children at our school. If you wish to be considered for a scholarship, please complete this application and submit it to the Director. **Date:** _____

Child's Name _____ **Birth Date** _____

Father's Name _____ **Occupation** _____

Father's Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Mother's Name _____ **Occupation** _____

Mother's Address _____

(if different)

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Child lives with _____ father _____ mother _____ both _____ other

Total household income LAST month _____ **Total projected income future months** _____

Please note all monthly financial obligations:

Rent/Mortgage: \$ _____ Car Payment: \$ _____ Utilities: \$ _____ Phone: \$ _____

Cable: \$ _____ Internet: \$ _____ Other: \$ _____ Other: \$ _____ Other: \$ _____
Specify _____ Specify _____ Specify _____

Please note special or unusual circumstances that would affect your eligibility for a scholarship
(use back page if more room is needed) _____

Ages and relationship(s) of others in the household: _____

NOTE: Please attach a copy of your 2007 (or most current) Income Tax return and a copy of the most recent paycheck for each individual.

Scholarships will not be considered without this information.

Thank you.