



Noah's Ark Christian Preschool Request for Scholarship

Date: _____		
Which Class: <i>(circle one)</i> Early, 3-Day Pre-K, 5-Day Pre-K		
Names & Address of Parents: 		
Phone Numbers:	Home	Cell
Family Income:		
Name of Child:		
How many living in your household:		
Own or Rent <i>(circle one)</i>		
Places of employment for family: 1 _____ 2 _____ 3 _____ 4 _____		
Scholarship Requested: <i>(circle one)</i> Full or Partial		
If Partial, how much can you afford to pay monthly?		
Explain any extenuating circumstances that put an untold burden on your family that you feel you need the scholarship help. 		

We will provide this request to our Preschool Scholarship Screening committee and let you know as soon as a decision is made.

This information will be kept confidential. Thank you for your interest in our Preschool.

Carol A. Spencer

Preschool Administrator

carolspencer52@gmail.com

816-392-8349

Parent(s) Signature

Approved Yes No