

First United Methodist Church Preschool

304 West Second Street
Washington, NC 27889
252-946-3311, ext. 27

Scholarship Application

Financial aid, in the form of full or partial scholarships, is available to students attending FUMC Preschool. The scholarships are funded by generous donations from individuals and from First United Methodist Church program donations. Annual funds from this program are limited.

This program is administered by First United Methodist Church Preschool Board of Directors.

This program is intended to provide early childhood education to children who would otherwise not be able to attend due to financial need.

Application Procedure:

Complete an application, including the financial disclosure section.

Submit completed application to:

**FUMC Preschool
305 West Second Street
Washington, NC 27889**

Applications will be reviewed as they are received until funds are no longer available.

Recipients may reapply for each year.

Personal interviews of the applicant's family may be requested.

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Scholarship Application

Name of Child _____ Birthdate _____

Mother's Name _____

Father's Name _____

Legal Guardian, if not parent(s) _____

Child lives with: both parents // single parent // other _____

Home address: _____

Home phone _____

List persons who are financially supported by the child's parent(s)/guardian:

Name

Age

Relationship to Child

Are there special circumstances that the we should be aware of?

Would your child attend FUMC Preschool without tuition assistance? _____

How much, if any, could you pay each month? \$ _____

FINANCIAL DISCLOSURE

Father's/Guardian's Occupation(s) _____

Employer(s) _____

Father's/Guardian's annual income from all employment \$ _____

Mother's/Guardian's Occupation(s) _____

Employer(s) _____

Mother's/Guardian's annual income from all employment \$ _____

Other sources of annual income (indicate source and amount)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Annual Income** \$ _____

*****It will be at the discretion of the preschool board to request a copy of federal tax returns to verify income.***

Circle if you are a recipient of: Medicaid // Food Stamps // Free School Meals

CERTIFICATION: I/We certify that the information on this application is true and correct to the best of my/our knowledge.

Father's/Guardian's Signature _____

Mother's/Guardian's Signature _____

Date _____

For Office Use:	
Approved for \$ _____ per month	Date Approved: _____
Signature of Committee Chair _____	