



Application for Scholarship

Date: _____ OFH class in fall _____

Child's name: _____

Address: _____

Phone Number _____

Email Address _____

Child resides with: _____

Father's name: _____

Father's employer: _____

Work address: _____

Mother's name: _____

Mother's employer: _____

Work address: _____

Names, relationship and ages of all dependents in household:

_____	_____
_____	_____
_____	_____
_____	_____

Total income for the year: _____

List all sources of income: _____

Please explain the hardships that require you to seek financial assistance:

How much can you commit to pay monthly toward your child's tuition? (Must be at least half) _____

Please enclose copies of last year's income tax forms and copies of your last three pay stubs. If you did not file income tax last year, submit your pay stubs. If you are receiving child support, please share this information as well.

Please make sure you have completed and submitted a registration form and paid the registration fee.

We/I agree to inform the Director of the preschool of any changes in our/my financial situation during the school year.

Signature: _____ Date: _____

Please make all requests for financial assistance as early as possible. Applications will be reviewed on a first come/first served basis. Emergency situations will be considered as the need arises.

Scholarships are awarded to families without discrimination in regard to race or religious beliefs. Scholarship requests are reviewed by the Scholarship committee. You will be notified as soon as possible about the status of your scholarship.

If you have any questions or concerns, please contact the director at:

856-589-5812 or ourfathershouse@pitmanumc.org

Mail your completed form to:

Our Father's House Preschool
Pitman United Methodist Church
758 North Broadway
Pitman, NJ 08071
Attn: Scholarship committee