

DFUMC Preschool Mary Clyde Scott Scholarship Application

____ 1 Year Old (Tues/Thurs)

____ 2 Year Old (Mon/Wed/Fri)

____ 3 Year old (Mon/Wed/Fri)

____ 3 Year Old (5 day)

Date of Application _____

Child's name _____ Date of Birth _____

Present Age _____ Years _____ Months Height _____ Weight _____

Special Needs of child _____

Address _____

City _____ State _____ Zipcode _____

Phone () _____ Alternate Phone () _____

Father's name _____ Mother's Name _____

Occupation _____ Occupation _____

Phone () _____ Phone () _____

Email _____ Email _____

Education _____ Education _____

Parents Church Name Attendance/Membership & Address

How did you hear about DFUMC Preschool?

How did you hear about the Mary Clyde Scholarship?

Give a short explanation of reasons child presently needs MCS Scholarship.

If awarded MCS Scholarship, when would child be available to attend preschool? _____

Or how long has your child been attending DFUMC preschool? _____

Please attach requested documentation to this application. (letter/explanation of need and W2 or other approved tax document from DFACS)

Applicant must abide by all policies/procedures in place for all children/parents who participate in the DFUMC Preschool Program which includes paying the supplemental tuition/registration fees and participate in all other aspects of the program.

Parent Signature

Date

Child's Name _____

Applicant accepted _____

Date _____

Applicant denied _____

Date _____

Based on the following reason:

Child's Name _____

Date of entry to DFUMC Preschool Program _____

The Child's family will be responsible for annual \$150 registration fee and their portion of the monthly tuition is \$_____.

The Mary Clyde Scott Scholarship Fund will provide \$_____ of the child's monthly tuition for _____ months.

Parent Signature

Date

Clara Hayes, Preschool Director 2018-19

Date

Preschool Committee Chairperson

Date