



St. Paul's Day School

PRESCHOOL SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Child's Name:

Date of birth:

Parent(s) Name(s):

Current address:

City:

State:

ZIP Code:

Phone:

No. of Siblings

Sibling ages

PARENT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary

Annual income:

Anything you'd like the scholarship committee to take under consideration:

Any other special accommodations needed:

I authorize St. Paul's Day School to verify the information provided on this form as to my employment.

Signature of applicant

Date