Rising Stars Preschool Scholarship Application

Name of Applicant and Date of Birth:_____

Names of Other People in the Household:_____

Names and Ages of Dependents:_____

Annual Household Income:_____

Address, City and Zip Code:_____

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Contact Information: (phone number and email address)

_____

Mother's Current or Last Employer, including Title and Contact Information:_____

Father's Current or Last Employer, including Title and Contact Information:_____

Please describe why you feel you should be considered for our Rising Stars Preschool Scholarship. Please include any hardships you currently face as well as how this scholarship will help you and your child get ahead in your life goals. The more detail you provide, the better equipped we will be in order make a fair decision. Please feel free to use your own paper or the lines provided.

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