

CMF's Little Lambs Preschool

Need Based Scholarship Application

Preschool Child's Name _____ Date _____

Parents' Names _____ Child's Date of Birth _____

Address _____

Names and ages of persons in household

How do you see your child benefiting from attending Little Lambs Preschool? _____

Please provide the following information for the current year. Give accurate numbers for January through the current month. You will need to estimate the future numbers to the best of your knowledge.

• Annual Gross Income	Jan through current month	Estimated through Dec
o Primary wage earner	\$ _____	\$ _____
o Secondary wage earner	\$ _____	\$ _____
o Additional wage earner	\$ _____	\$ _____
o Interest & Dividends	\$ _____	\$ _____
o Other income	\$ _____	\$ _____
• Annual Expenses		
o Mortgage or Rent	\$ _____	\$ _____
o Utilities (Heat, Power, Water, Trash, Sewer)	\$ _____	\$ _____
o Car Payment	\$ _____	\$ _____
o Loans or Outstanding Debt	\$ _____	\$ _____

Please list any additional large monthly expenses of which we should be made aware. _____

Please briefly describe the nature of your financial need. _____

How much are you able to pay monthly toward your child's tuition? \$ _____

Please attach a copy of your current pay stub(s) and a copy of your most recent income tax return.

To the best of my knowledge, the figures that I have provided are true and correct.

Signature of Parent _____

** Any information disclosed on this form will be kept confidential. When returning this form to the office, please mark your sealed envelope: "Preschool Committee – Confidential" and Attention: Preschool Director.