



**Early Learning Center at Hubbard Hill
Application for Scholarship**

Thank you for your interest in the Early Learning Center. Please provide the following information to be considered for a scholarship to partially offset the cost of tuition for preschool.

Parent/Guardian name(s): _____

Address: _____

Cell phone: _____

Email: _____

Total household size: _____

Number of dependents (under 18) in the home: _____

Household Annual Gross Income*: _____

*Gross income is the amount earned before taxes and deductions. Please include alimony, child support, social security income, etc.

Name(s) and age(s) of child(ren) to be considered for a scholarship:

1. _____
Child's name Date of Birth

2. _____
Child's name Date of Birth

Using 1-4, Prioritize your schedule of choice:

____ MTWTF ____ MTWT ____ MWF ____ TTH

To process your request, we require a copy of your most recent W-2 form. Incomplete applications will delay consideration by the scholarship review team and may result in denial of a scholarship.

On a separate piece of paper, please describe in detail your family and financial circumstances we should consider when reviewing this application.

It is our desire to be good stewards of the resources God has entrusted to us. We ask that you sign this application stating that you have a true financial hardship preventing your child from attending the Early Learning Center.

Signature of Parent/Guardian: _____ Date: _____