



Scholarship Application

Name: _____ Phone: _____

Address: _____

E-mail: _____

Financial Information:

Income		Expense	
Monthly Employment Income <i>Combined gross income from all working adults</i>	\$	Rent/Mortgage	\$
Child Support	\$	Utilities	\$
Social Security	\$	Phone/Internet:	\$
Unemployment	\$	Vehicle Insurance	\$
Food Stamps	\$	Medical Insurance	\$
Welfare	\$	Groceries	\$
Other (Explain)	\$	Other (Explain)	\$
Total Monthly Income	\$	Total Monthly Expense	\$

Household Size: _____ Do you own your home? Yes No

Please list the names and ages of the children you are requesting scholarship assistance for:

Name: _____ Age: _____



Give us a brief description of why you would like your child(ren) to attend our school:

Is there any additional information that should be considered when assessing your application?
(Disability, Catastrophic Circumstance, Child Support, Hardship, etc.)

Please ensure the following is submitted along with your application:

Proof of Income *(for all working adults in household)* Copies of Priority Bills

I verify that all the information submitted is complete and accurate. Should my financial circumstance change, I agree to notify the school within 30 days. I understand that my financial status may be reviewed or re-verified at a later date. I understand that scholarships are given at the discretion of Leaders of Tomorrow Early Learning Academy Inc. and that the organization is at liberty to reject this application for any reason.

Name: _____

Date: _____

Signature: _____