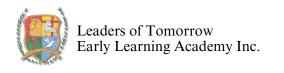


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	Scholarship	Application			
Name:	me: Phone:				
Address:					
E-mail:					
Financial Informatiom:					
Income		Expense			
Monthly Employment Income Combined gross income from all working a	\$ dults	Rent/Mortgage	\$		
Child Support	\$	Utilities	\$		
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 yo	u own your home	e? Yes No			
Please list the names and ages of the	children you are	requesting scholarship assistance for	or:		
Name:		Age:			
					



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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: