



Mt. Hood Learning Center

Room #17 at Welches School, Welches OR. 97067

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Scholarship Application for 2018/2019 Preschool Season

Name of Child: _____ DOB of Child: _____

Parent Contact Info (Name, address and phone number) _____

Number of people living in the home: _____

Average monthly income (copies of income verification will be required): _____

If you qualified for this scholarship, would you be able to pay ½ of the preschool tuition fee, purchase a class snack for up to 15 children at least once per month and be able to transport your child to and from the learning center?

Why would your child and family benefit from this scholarship?

Is there any additional information we should know about your family's current situation, that would help the Mt. Hood Learning Center board understand your need for this scholarship for your child?