

DMCC PRESCHOOL SCHOLARSHIP APPLICATION

Child's Name: _____

Parents/Guardian Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above):

City: _____ State: _____ Zip: _____

Telephone Numbers where you can be reached:

Home: _____ Work: _____ Other: _____

Signature: _____

(by signing you are presenting us with current/true information)

How many people live in your home? _____

What is the monthly gross income (income from all sources before any deductions)? _____

(Please attach a copy of the most current check stubs)

Father's Place of Employment: _____

Employer Address: _____

Employer Phone: _____

Number of hours Worked Weekly: _____

Amount Paid before Taxes: _____

How Often Paid: _____

Mother's Place of Employment: _____

Employer Address: _____

Employer Phone: _____

Number of hours Worked Weekly: _____

Amount Paid before Taxes: _____

How Often Paid: _____

Does anyone in the household GET money from any source other than employment (such as Social Security, child support, spousal support, rental property, unemployment benefits, pensions, retirement, trusts)? _____

If yes, complete the following and attach proof for the month.

Name of Person _____ Source: _____

Name of Person _____ Source: _____

Would you be willing to attend church activities? Yes _____ No _____

Thank you for taking the time to fill out DMCC Preschool Scholarship Form. If you have any questions, please call the church office and leave a message with Sheryl at 824-8181.