

# Anthony Daniele & Glenn Peter Sullivan Memorial Preschool Scholarship Application

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Class in which the child is enrolled (i.e. 4 year old, 5 days a week): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Child lives with (circle one):

Mother    Father    Both    Other (name & relationship) \_\_\_\_\_

Number of children in the family and ages: \_\_\_\_\_

Parish Membership and number of years: \_\_\_\_\_

What do you hope your child will gain from attending St. Gertrude's Preschool?

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Have there been any significant life changes or events that have affected your child recently?

If yes, please describe. \_\_\_\_\_

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Please describe any special financial circumstances affecting the family's budget.

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If after reading the application the Committee has further questions, they may wish to call you. Your signature in the space provided below indicates you are willing to have the Committee contact you.

I certify that all of the information in this application is true and accurate to the best of my knowledge.

Signature of Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_