COVENANT PRESCHOOL AND CHILDCARE 503 Duncan Road Wilmington, DE 19809

PRESCHOOL SCHOLARSHIP APPLICATION

Child's Name		
(Last)	(First)	(Middle)
Father/Guardian's Name:	Occupation:	
Mother/Guardian's Name:	Occupation:	
Siblings:		
Name:	_ Age: Scho	ol:
Name:		ool:
Name:		ool:
Others living with the family:		
Name:	Relationship:	
Name:		
For what classroom program are you applying? Number of days per week:		
When do you need Scholarship assistance:	Begin date:	
,	End date:	
How much can your family afford to pay each m	nonth for tuition?	
Why are you applying for Scholarship assistance	e?	
	Signature	Date

Financial information may be required upon request.