

**Horizon Church and God's Garden Preschool
SCHOLARSHIP APPLICATION**

I/We are submitting this application for consideration of a scholarship for my/our child(ren) to attend God's Garden Preschool and Child Development Center for the _____ school year. I/We currently have _____ child(ren) attending God's Garden Preschool. The current tuition for my child(ren) is \$_____/month.

Due to unforeseen financial hardship, I am requesting scholarship assistance from Horizon Church for tuition at God's Garden Preschool and Child Development Center. I/We understand that scholarships are granted based on a review by the Horizon Scholarship Committee. I/We understand that scholarships are granted on a first come/first serve basis based on review by the Horizon Scholarship Committee. I/We also understand the maximum amount approved for each scholarship is 50% of the total monthly tuition cost.

Please state your reasons for financial hardship. Why are you requesting financial assistance/tuition scholarship? Please be specific:

What is the current amount you can afford to pay each month for preschool tuition: \$_____.

Parent/Guardian Signature: _____ Date: _____

**Horizon Church and God's Garden Preschool
FINANCIAL INFORMATION**

Student Information:

Student Name: _____ Date of Birth: _____

Student Name: _____ Date of Birth: _____

Student Name: _____ Date of Birth: _____

Parent Information:

1. Parent/Guardian Name:

Relationship to child (i.e., mother, father):

Address: _____

Phone: _____

Employer: _____

Job Title: _____

Monthly Gross Salary: \$ _____

2. Parent/Guardian Name:

Relationship to child (i.e., mother, father):

Address: _____

Phone: _____

Employer: _____

Job Title: _____

Monthly Gross Salary: \$ _____

***Please note:** Additional financial information may be requested to process your application.

****Bottom portion of this form to be completed by Horizon Church**

This scholarship has been approved for the _____ school year by Horizon Scholarship
School Year

Committee in the amount of _____ per month effective _____. Beginning at
\$ date

this time, the _____ Family will only be responsible for paying _____
name of family tuition amount

Tuition each month.

Approved by: _____

Date: _____