



The Children's Scholarship Fund provides tuition assistance for families in need through fundraising and generous donations.

Child's Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ School: _____

Mother's Name: _____ Employer: _____

Work Number: _____ Email Address: _____

Mother's Income: _____ Weekly/Monthly (*Include income tax return and paystub. verification of income is required.)

Father's Name: _____ Employer: _____

Work Number: _____ Email Address: _____

Father's Income: _____ Weekly/Monthly (*Include income tax return and paystub. verification of income is required.)

Family Size: Total number of people living in your household: _____

(List household members that do not appear on this application.)

Name: _____	Relation: _____	DOB: _____
Name: _____	Relation: _____	DOB: _____
Name: _____	Relation: _____	DOB: _____
Name: _____	Relation: _____	DOB: _____

Reason for request: (please check one)

Loss of employment: _____ Medical: _____ Other: _____

Please attach a detailed letter explaining your circumstances.

Are you receiving any other type of financial assistance? Yes No Explain: _____

FOR INTERNAL USE ONLY:



Approved: YES NO

_____ % Amount
 _____ Length
 _____ Initials

I CERTIFY that the answers provided by me and the copies of income verification provided are true and correct. I have not withheld any information that would affect this application.

Signature of Parent Applying

Date

**Forward completed application to Scholarship Committee
 Fax: 215-540-8181; E-mail: lschatz@playandlearn.com**

**6024 Butler Pike, Blue Bell
 220 Upland Avenue, Horsham
 Administrative Offices- 200 Camp Hill Road- Fort Washington, PA 19034
 215-641-1761 - www.mch2learn.org**

Montessori Children's House is a non-profit, equal opportunity early education organization.