

Montrose Zion Christian Preschool  
*Ann Stutler Scholarship Fund Application*

Scholarship Application September 2024 – May 2025



- Please complete all fields. Failure to do so may delay the process.
- Scholarship maximum amounts begin at 25% monthly tuition.\*
- Deadline for scholarship applications is Monday, August 19<sup>th</sup>, 2024.
- All scholarship recipients will be notified by the week of August 26<sup>th</sup>, 2024.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Which class will your child be attending in the fall?

<input type="checkbox"/> 3-year-old Class Tue & Thurs 9:00-11:30 am \$160.00 monthly	<input type="checkbox"/> 3/4-year-old Class Mon, Wed, Fri 9:00-11:30 am \$205.00 monthly	<input type="checkbox"/> Pre-K Mon through Fri 9:00-11:30 am \$275.00 monthly
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Contact Information: *Please provide the information of the person to be notified of the scholarship.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Male  Female      Is child currently enrolled?  Yes  No

Are other sibling currently enrolled or have been enrolled?  Yes  No

Names: \_\_\_\_\_

How many adults are in the family? \_\_\_\_\_

How many children are in the family? \_\_\_\_\_

Do you support any other person(s) in addition to your family?  Yes  No      If yes, how many? \_\_\_\_\_

Please give us your basic monthly budget:

Net household monthly income: \_\_\_\_\_

Mortgage or rent: \_\_\_\_\_

Utilities, including cell phone: \_\_\_\_\_

Vehicle payments: \_\_\_\_\_

Credit Card Payments: \_\_\_\_\_

Clothing and Food: \_\_\_\_\_

Other fixed expenses: \_\_\_\_\_

What budgeted amount will you contribute: \_\_\_\_\_

\* The Scholarship Committee will consider exceptional need requests, but the scholarship amounts will begin at 25% of tuition maximum monthly amount. This will help us keep the scholarship available to more families.

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Why did you choose Montrose Zion Christian Preschool? *Please limit your response to the space provided.*

Please give reasons for needing a scholarship. *Please limit your response to the space provided.*

*\* Please note that the preschool board may contact you for additional information before scholarships are awarded.\**  
*\*Continued scholarship support will be eliminated if student's absences are frequent/unexcused.\**

Signature of parent/guardian: \_\_\_\_\_

**For Office Use:**

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

Approved       Not approved

If approved:

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

Scholarship Fund Contribution: \_\_\_\_\_

Balance Owed: \_\_\_\_\_

Date contact notified: \_\_\_\_\_