



SCHOLARSHIP APPLICATION

Please complete this application and return to the Tot Time Director. Requests for financial aid are granted at the discretion of the Tuition Review Committee of the Tot Time Board. All application information is confidential and will be given on an anonymous basis to the Tuition Review Committee for review. You will be informed via email of any scholarships awarded.

APPLICATION DATE _____ FOR SCHOOL YEAR _____

☐ My family has received a scholarship in previous years.

Name of Tot Time Child(ren) _____

Mother's Name _____ Mother's Email _____

Father's Name _____ Father's Email _____

Please list other dependent children (not enrolled at Tot Time):

| Name of Child | Age | School | Tuition |
|---------------|-----|--------|---------|
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EMPLOYMENT & FINANCIAL INFORMATION

| | Father | Mother |
|---------------------------------------------|--------|--------|
| Current Employer | | |
| Length of Employment | | |
| Total Monthly Income (before deductions) | | |

What are you able to pay per month towards your child's tuition? _____

Please attach to this application copies of the following documents for both parents (where applicable):

- ☐ Current paystub(s) covering the last full 30 days of employment.
- ☐ W-2 forms for the most recent tax year.
- ☐ Most recent federal income tax return (Form 1040) – Page 1 only.
- ☐ Optional: List any unusual monthly financial obligations that you'd like us to know about.
- ☐ Optional: Additional commentary you'd like to include to help us understand your current situation if your family serves in a ministry capacity, please let us know.

I certify that all information provided on this application is true. Should there be any changes regarding the information provided by me on this application, I will advise the school.

Parent Signature _____ Parent Signature _____

Date _____ Date _____