

Thomas Finley Westminster Kindergarten Scholarship Fund Application

Date: _____

Father's Name: _____ Home Phone: _____

Address: _____ Zip: _____

Place of Employment: _____ Phone: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Zip: _____

Place of Employment: _____ Phone: _____

Marital Status of parents:

Married: ____ Separated: ____ Divorced: ____ Remarried: ____ Widowed: ____

Other: _____

Name of Child: _____ Birth Date: _____

Is child currently enrolled in Westminster Kindergarten? (circle one) YES NO

If not, where is child currently enrolled? _____

Amount of current tuition for child's school: _____

Which Class will your child be entering? (circle one)

- 2 day 3 year old
- 3 day 3 year old
- 3 day 4 year old
- 5 day 4 year old
- 5 day 5 year old

Will your child be attending extended session? (circle one) YES NO

How many extended days does your child plan to attend? (circle one) ONE TWO

Are you asking for financial help with extended day tuition? (circle one) YES NO

Other children living in household:

Name: _____ Age: ____ School Attending: _____

Name: _____ Age: ____ School Attending: _____

Name: _____ Age: ____ School Attending: _____

Name: _____ Age: ____ School Attending: _____

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I agree to inform the Scholarship Committee of any change in my financial situation. I realize that my need for financial assistance will be reviewed on a regular basis by the Scholarship Committee.

Signature: _____

The applicant must be prepared to provide additional information upon request of the Westminster Kindergarten Committee or Westminster Scholarship Fund Committee.

| Scholarship for | Application Deadline | Receive response by |
|-------------------------------|-----------------------------|----------------------------|
| September – December Semester | March 31 | April 30 |
| January – May Semester | October 31 | November 30 |