

**First Christian Church Preschool Scholarship Program**  
**Application**  
**2024-2025**

Carefully complete this application. Sign and return this form with your 2023 W-2 Wage and Tax Statement or two consecutive paystubs, or the first page of your completed 2023 taxes.

Student Name:\_\_\_\_\_

Student Birthdate:\_\_\_\_\_

Parent/Guardian(s)\_\_\_\_\_

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

City, State, Zip  
Code:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

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

List the names of ALL persons living in your home:

1.\_\_\_\_\_

2.\_\_\_\_\_

3.\_\_\_\_\_

4.\_\_\_\_\_

5.\_\_\_\_\_

6.\_\_\_\_\_

TOTAL HOUSEHOLD INCOME:\_\_\_\_\_(weekly, monthly, or  
yearly)

Signature:\_\_\_\_\_ Date:\_\_\_\_\_