

**First Christian Church Preschool Scholarship Program
Application
2025-2026**

Carefully complete this application. Sign and return this form with your 2024 W-2 Wage and Tax Statement or two consecutive paystubs, or the first page of your completed 2024 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: _____