

**First Christian Church Preschool Scholarship Program  
Application  
2026-2027**

Carefully complete this application. Sign and return this form with your 2025 W-2 Wage and Tax Statement or two consecutive paystubs, or the first page of your completed 2025 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: \_\_\_\_\_