

SonShine PreSchool Scholarship Application 2023-2024

Name _____ Spouse _____

Address _____

Phone _____ Spouse's Phone _____

Child's Name _____ Child's DOB _____

Days Child Attends SonShine: Monday Tuesday Wednesday Thursday Friday

Employer _____ Spouse's Employer _____

Monthly Household Incomes	Source	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Expenses	Source:	Amount
	Mortgage/Rent	_____
	Utilities (water, power, etc.)	_____
	Food	_____
	Gas/Transportation	_____
	Other _____	_____
	Other _____	_____
	Other _____	_____

Where do you attend church? _____

Please explain why you are seeking a school scholarship _____

Prayer Needs _____
