



SCHOLARSHIP APPLICATION FORM

Please **PRINT** all information

Parent/Guardian Name _____

Address _____

Child's Name _____ Birthdate ____/____/____

Evening phone _____ Daytime phone _____ Cell _____

Email: _____

Number of Siblings _____ Age of Siblings _____

Scholarships are awarded on the basis of financial need. Please complete the following information.
All information given on this form is strictly confidential.

Family size _____

Yearly gross Income (Include all sources for the last 12 months) _____

Please provide proof of taxes or copies of last year's W-2 form.

Monthly Housing Costs: Rent/Mortgage \$_____ Electric/Gas \$_____ Water/Garbage _____

Unusual expenses _____

Special Needs of the child or family _____

Has a member of your family attended ODP in the past? (Include name and dates attended _____

What year do you anticipate your child will enter Kindergarten? _____

Additional comments: Please list any other considerations we should be aware of. _____

CLASS PREFERENCE: _____ 3 Day AM _____ 2 Day AM

Please send completed form to: Marja Steinberg
Open Door Preschool
409 Highland Avenue
Northfield, MN 55057