



OPEN DOOR PRESCHOOL SCHOLARSHIP APPLICATION FORM

Please print all information

Parent/Guardian Name _____

Address _____

Child's Name _____ Birthdate ____/____/____

Evening phone _____ Daytime phone _____ Cell _____

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 ODNs 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 (List your first, second and third choice for classes)

3day am __ 3 day pm__ 2 day am__ 2 day pm__

lunch 11:30-1:00 (parent provides)_____

combination (please list)_____

Please send completed form to: Barb Howe
1114 St Olaf Avenue
Northfield, MN 55057