



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 _____

How much do you feel you could pay for your child to attend ODP? _____ per month

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

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

Days your wish for your child to attend ODP: _____

Please send completed form to: Marja Steinberg

Open Door Preschool
409 Highland Avenue
Northfield, MN 55057