



Scholarship Application

Date _____

Scholarship funds will be distributed on a first come, first service basis to eligible families after being reviewed by the Early Learning Academy Committee and Mountain Springs Church Elders. The amount of scholarships may vary each year depending on funding.

Parental Information

Father's Name _____ Cell Phone _____

Email _____

Place of Employment _____ Type of Work _____

Mother's Name _____ Cell Phone _____

Email _____

Place of Employment _____ Type of Work _____

Child Information

Name of child _____ Nickname (goes by) _____

DOB _____ Age _____ Male Female Lives with Father Mother Both

Does your child have previous preschool or nursery school experience? Yes No

If so, when and where? _____

How many members are in your household? _____

Scholarship

Please explain how a scholarship will help your child and family.

Please indicate the scholarship amount you are requesting per month. (monthly cost is \$120) \$ _____

Signature _____ Date _____

Please return the scholarship application to the Mountain Springs Church Reception Office.

Address 6789 Main Street, Bonners Ferry, ID 83805 **Phone** (208) 267-7777 **Email** ela@mtspringschurch.org

OFFICE USE ONLY

Application Received On _____

Application Accepted Denied

By _____

Monthly Amount Awarded \$ _____