

# First United Methodist Childcare Ministry

Learning Tree School  
618 8<sup>th</sup> Street, Columbus, IN 47201  
(812) 378-2825

## Scholarship Application

Date: \_\_\_\_\_

### Child(ren) Information:

Child(ren) Requesting Scholarship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Person completing this application: \_\_\_\_\_ Relationship: \_\_\_\_\_

People living in household:

Name:

Age:

Relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Monthly Household Income/Expense Information:

Wage Earner: \_\_\_\_\_ Employer: \_\_\_\_\_

Monthly Income (after taxes): \$ \_\_\_\_\_

Wage Earner: \_\_\_\_\_ Employer: \_\_\_\_\_

Monthly Income (after taxes): \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_ Welfare: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Other sources of income (please list source and amount): \_\_\_\_\_

Monthly Rent or Mortgage Payment: \$ \_\_\_\_\_ Auto Payment(s): \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Other expenses (please explain on back of this form): \$ \_\_\_\_\_

### Registration Information:

Is child applicant currently enrolled at FUMCM? *Yes* *No* Class? \_\_\_\_\_

Do you have other children enrolled at FUMCM? *Yes* *No* Class? \_\_\_\_\_

Class(es) child(ren) will attend next year: \_\_\_\_\_

Amount of fees you are able to pay each month \$ \_\_\_\_\_

How did you find out about our scholarship program? \_\_\_\_\_

In addition, please provide copies of most recent 30 days pay stubs for all household wage earners.

**Please explain circumstances that should be considered in evaluating this application on the back.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)