

Little Spartans Scholarship Application

Student's Full Name:

Student's Address:

(Street City County State Zip Code)

Date of Birth:

Names of Parents:

Father:

Mother:

Names and Ages of Children in Family:

If you have other children, did they attend preschool and where:

Programs in which your family participates (check all that apply):

- SNAP**
- TANF**
- Medicaid**
- Active Bankruptcy**
- Extenuating Circumstance**
- 4c's (Community Coordinated Childcare)**

Please explain any additional circumstances that make it difficult to pay tuition :