

ST. MARK PRESCHOOL SCHOLARSHIP APPLICATION

Child's Name in Full _____ Sex (Circle) M F

Father _____ Mother _____

Name _____ Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Income _____ Income _____

Social Security # _____ Social Security # _____

Expenses:

Number of dependents in the family who are living at home without any income from a regular job _____.

Extra-ordinary expenses for last year (2011-2012) _____

Applicant's Signature _____ Date: _____

Application deadline: July 15, 2012.

To be returned to: Martha Lippy, Director
St. Mark Preschool
129 Charles Street
Hanover, PA 17331