

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 (2009-2010) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Application deadline: July 15, 2010.

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