**Granger Community Church**
**Early Learning Center**
**Scholarship Application**

Departmental Purpose:
We walk with families to grow in Christ and to inspire a love of learning in young children.

Thank you for your interest in the Early Learning Center. Please provide the following information to be considered for a scholarship to partially offset the cost of tuition for preschool.

Parent/Guardian Name(s): _____

Address: _____

Cell phone: _____ Home phone: _____

Email: _____

Number of dependents (under 18) in the home: _____ Total household size: _____

Household Annual Gross Income*: _____

**Gross income is the amount earned before taxes and deductions. Please include alimony, child support, social security income, etc.*

Name(s) and age(s) of children to be considered for a scholarship:

1. _____ _____ _____
Child's name Age Date of birth

2. _____ _____ _____
Child's name Age Date of birth

Do you currently attend church? Y / N Church Name:_____

Requested Schedule _____MTWTHF _____MWF _____TTH

**To process your request, we require a copy of your most recent W-2 form. Incomplete applications will delay consideration by the scholarship review team and may result in denial of a scholarship. On a separate piece of paper, please describe in detail your family and financial circumstances we should consider when reviewing this application.**

It is our desire to be good stewards of the resources God has entrusted to us. We ask that you sign this application stating that you have a true financial hardship preventing your child from attending the Early Learning Center.

Signature of Parent/Guardian: _____Date: _____