

Scholarship Supplement Application
Banner Elk Presbyterian Church Preschool

Child's Name	Address	Date of Birth
Father's Name	Address	
Home Telephone	Employer	Employer's Address
Mother's Name	Address	
Home Telephone	Employer	Employer's Address
Email address		

Describe any special need or circumstances of your child: _____

Describe your family need, detailing specifics regarding why you are requesting a Scholarship Supplement:

Parent Signature

Name of person who can verify your need telephone number _____