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:_____

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

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Parent Signature _____

Name of person who can verify your need _____ telephone number _____

5-28-13