



Little Scholars Montessori Scholarship Application

Child's Name _____

Child's Address _____

City _____ State _____ Zip Code _____

Guardian Responsible for Payments _____

Guardian's Address _____

City _____ State _____ Zip Code _____

Guardian's Phone Number _____

Place of Employment _____

Employment Address _____

City _____ State _____ Zip Code _____

Employment Phone Number _____

Supervisor's Name _____

Monthly Gross Income \$ _____ Monthly Bill Total \$ _____

Explanation of scholarship need:

I agree for Little Scholars Montessori to verify my monthly income for the purpose of this scholarship application to have my child's monthly tuition waived or reduced.

Signature _____

Date _____