



Preschool of the Warm Heart
2016 Mt Carmel Church Road
Chapel Hill, North Carolina 27517

Susan L. Allred Memorial Scholarship Application

Name of Child _____ Birthdate _____

Preschool Start Date (month/year): _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian _____ Phone _____

Name of Parent/Guardian _____ Phone _____

Child lives with: ___ both parents ___ single parent ___ other: _____

Home address _____

City _____ State _____ Zip Code _____ Other Phone _____

List persons who are financially supported by the child's parent(s)/guardian:

Name	Age	Relationship to Child	Employed?
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

FINANCIAL DISCLOSURE

Parent's/Guardian's Occupation(s) _____

Employer(s) _____

Parent's/Guardian's Gross Annual Earnings from all jobs \$ _____

Parent's/Guardian's Occupation(s) _____

Employer(s) _____

Parent's/Guardian's Gross Annual Earnings from all jobs \$ _____

Other sources of annual income (indicate source and amount)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Annual Income* \$ _____

CERTIFICATION

I (We) certify that the information on all portions of this application is true and correct to the best of my (our) knowledge.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

***Please attach a copy of your latest Federal Tax Return**

COMMITTEE USE ONLY

Child's Age _____ Parent Status _____ # Dependents _____

Applicant

Please complete the following questions:

Why do you want your child to attend PWH?

Are there special family circumstances the Scholarship Committee should be aware of?

Would your child attend PWH without tuition assistance? ____Yes ____ No

Have you applied for other sources of tuition assistance? ____Yes ____No

If yes, name the organization(s) to which you have applied:
