



# Morningstar Learning Center Quarterly Scholarship Application

|                 |
|-----------------|
| Approved: _____ |
| Amount: _____   |
| By: _____       |

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent(s) Employment (please list all full and part-time employment): \_\_\_\_\_

Annual Household Income (before taxes and deductions): \_\_\_\_\_

Do you receive child support or alimony? (circle one)      Yes      No

If yes, specify type and monthly amount: \_\_\_\_\_

Average number of hours worked per month per household: \_\_\_\_\_

Number of Dependents in the household: \_\_\_\_\_

Amount (if applicable) of monthly rent: \_\_\_\_\_

Amount (if applicable) of car payment: \_\_\_\_\_

Amount of session fee you could pay\*: \_\_\_\_\_

Do you or your family qualify for additional financial assistance programs? Please Circle.

- LIEAP Energy Assistance
- Healthy Montana Kids Insurance
- SNAP
- WIC
- Best Beginnings Child Care
- Disability
- Medicaid
- Other \_\_\_\_\_

How many days or half days would you like your child to attend? \_\_\_\_\_

**Please attach your most recent tax return as well as three of your most recent pay stubs.**

All information included with this form is confidential and will be used only to determine scholarship eligibility.



# Morningstar Learning Center Quarterly Scholarship Application

|                 |
|-----------------|
| Approved: _____ |
| Amount: _____   |
| By: _____       |

Please provide a statement regarding your financial need for the monthly scholarship using additional paper if necessary:

**I hereby certify that this information is true and correct:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Please Note:** The scholarship fund generally provides partial scholarships. One session is equivalent to one month. Continued funding is contingent on current standing with service providers. Any and all information provided is strictly confidential and will not be shared with anyone other than the Scholarship Committee.