



Scholarship Application Form

The confidential nature of financial information will be respected.

The BUMP Preschool Committee reviews all applications and determines scholarship recipients and amount of award. The BUMP Director also has complete discretion over 2 scholarships each year.

| | | | |
|---|------------------------|-----|--------------|
| Child's Name: | DOB | Sex | Today's Date |
| Program Applying For: <input type="checkbox"/> 2.5 Year Old, 3 Day <input type="checkbox"/> 3 Year Old, 3 Day <input type="checkbox"/> 4 Year Old, 4 Day <input type="checkbox"/> 4 Year Old, 5 Day <input type="checkbox"/> Transition Class, 5 Day | | | |
| Parent/Guardian Name: | | | |
| Address: | | | |
| Names & Ages of other children in household: | | | |
| Others living with or supported by family: | | | |
| Parent 1 Occupation: | Employer: | | |
| Length of Employment: | Hours Worked Per Week: | | |
| Parent 2 Occupation: | Employer: | | |
| Length of Employment: | Hours Worked Per Week: | | |
| Annual Family Income: \$ | | | |
| Other pertinent information (special circumstances & expenses, etc.) | | | |
| We are able to pay this amount per month: \$ | | | |

Signed _____ Date _____

To ensure confidentiality, please return this form to the BUMP Director:
6200 Burke Centre Parkway, Burke, VA, 22015