

**Saint Martin's Lutheran Preschool  
Jean Coburn Hill Scholarship Application  
2025-2026**

To qualify for the scholarship, applicants must:

- Be in good financial standing with St. Martin's Lutheran Preschool
- Have a complete student profile

To apply for the scholarship:

- Complete this questionnaire thoroughly and accurately.
- Attach a copy of a current pay stub
- Attach a copy of your most recent income tax/W-2.
- Attach a letter explaining the circumstances of your current hardship/need for assistance and please indicate in your letter how much you can pay.

Only complete applications will be considered.

Your response and attached documentation will remain confidential.

Application Deadlines:

- Scholarships beginning in the Fall Semester: August 1<sup>st</sup>
- Scholarships beginning in the Spring Semester: December 1<sup>st</sup>

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**GENERAL INFORMATION**

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

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Hrs per wk \_\_\_\_\_

Employer's Address \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Month/Year child first enrolled at Saint Martin's \_\_\_\_\_

1. If married, does your spouse work outside the home?

No  
 Yes---If yes, how many hours per week? \_\_\_\_\_

Spouse's employer \_\_\_\_\_

Employer's address \_\_\_\_\_

2. If married, is your spouse a student?

No  
 Yes  Full Time  Part Time

3. How many related persons are in your household? Include yourself, spouse, and dependents. Dependents may be children or adults. Do not include roommates or relatives who are not dependent.

Total related persons

4. Of the above, how many are in each category as follows?

Infants 18 months or younger  
 Pre-schoolers above 18 months, not yet in kindergarten  
 Elementary school age, 12 years or younger

5. What are your families gross wages (before deductions)?

\_\_\_\_\_ per hour, week, every two weeks, month (circle one)

6. Does your family have any other sources of income such as child support, veteran's benefits, alimony, social security, rent, second job, etc?

No  
 Yes \$ \_\_\_\_\_ per month / Sources: \_\_\_\_\_  
\$ \_\_\_\_\_ per month / Sources: \_\_\_\_\_

7. How much are you able to contribute toward tuition each month (please indicate the whole Amount even if more than one child is applying): \_\_\_\_\_

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**APPLICATION AGREEMENT**

All information provided above is accurate and true. I understand that if I knowingly falsify any information, I will be liable for any financial assistance that I receive through this program. I agree to be interviewed confidentially regarding my childcare arrangement during the next twelve months. Further, I understand that there are limited funds in this program and that tuition scholarship money is not guaranteed.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_