

Loving Hands Preschool

Greensburg United Methodist Church  
2161 Greensburg Road, P.O. Box 155  
Green, Ohio 44232  
330-896-1936  
www.loving-hands.org



LOVING HANDS PRESCHOOL  
SCHOLARSHIP REQUEST INFORMATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name(s) of Child(ren) attending Loving Hands

\_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_

Other Children in the Home

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Years with Company \_\_\_\_\_

Monthly Net Income \_\_\_\_\_ Other Income \_\_\_\_\_

Please share your reason for requesting financial assistance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to volunteer at the preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

To be considered for a scholarship, you may be interviewed and asked to provide financial documentation i.e. W-2 form, tax returns. All information will be held in strict confidence.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_