



First Lutheran Preschool & Daycare

712 Paine Drive, Charlotte, MI 48813

Phone: 517-543-3828 Email: flpdoffice@gmail.com

Scholarship Application

Name _____ Date _____

Address _____ Phone _____

Name and age of child/children or dependents in household:

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Application is for: Daycare _____ Before and After School _____ Preschool (only) _____

Number of children needing daycare, before and after school care, or preschool _____

Are your children currently enrolled at First Lutheran Preschool and Daycare? _____

What days are children enrolled?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What time does/do/would child/children arrive? _____ Leave _____

Are you a multiple income household? _____

Reason for desiring scholarship _____
(May attach additional sheet)

Please attach a copy of current year filed income tax return AND current weekly or biweekly pay stub for household members.