Proverbs 22:6 Extended Care Scholarship

"Train up a child in the way he should go,
even when he is old he will not depart from it."
Proverb 22:6

Proverbs 22:6 Extended Care Scholarship
Parent Application Check List

Description	Check
Application Form	
Proof of residency, Sealed envelope to yourself will suffice	
Recent Picture of Child	
Signature, both providers if applicable	
Last Years Tax records	
Copy of 1040, most recent tax year (both providers, if applicable)	
W-2 Form(s), most recent tax year (both providers, if applicable)	
Utility Bill/Mortgage Receipt, or cancelled check	
School Information	

St. Paul's Lutheran School
701 S. College Ave.
Newark, DE. 19713

Proverbs 22:6 Extended Care Scholarship Information

Date of Application: _____

School Year to Apply Scholarship Aid:

_____

Students Name: _____

Date of Birth: _____

Applicant Social Security Number: _____

Primary Provider Name:
_____

Street Address:

_____

City: _____

State: _____ Zip: _____

Phone: (_____)_____

Primary Parent Social Security Number:_____

Applicant Citizen Status:
United States Citizen? (Yes) _____ (No) _____
(Please provide Proof of Residency, See checklist on back page)

Other responsible party(s):

	Spouse/Guardian	Grandparent/Guardian
Name:	_____	_____
Home Phone:	( ) _____	( ) _____
Employer:	_____	_____
Work Phone:	( ) _____	( ) _____

Are there any special circumstances contributing toward financial need?

How much (monetarily) can you provide towards your child's care at St. Paul's Lutheran School?

Weekly_____ Before and Aftercare_____

Would you be willing to donate time to the school?

Yes_____ No _____

If yes, what hours can you be available?

_____

Is there another talent you could donate to the school?

Yes_____ No _____

If yes, please describe.

_____

Employer Information:

May we contact your employer to confirm employment?

Yes_____ No _____

Name: _____

Address: _____

City:_____ State _____ Zip Code_____

Phone: (_____)_____

Monthly Income: (Must include most recent W-2, and 1040, see checklist last page)

Primary Provider Monthly Income _____

Secondary Provider Monthly Income _____

Monthly Public Assistance: _____

Monthly Alimony/child support: _____

Monthly Medical Expenses: _____

Monthly Alimony/child support: _____

Total Monthly Income: _____

Monthly Expenses: : (Must include most recent utility bill and rent/mortgage receipt)

Monthly Housing: _____

Monthly Utilities: _____

Monthly Food: _____

Monthly Medical Expenses: _____

Monthly Alimony/child support: _____

Total Monthly Expenses: _____

Use this space for additional information that you would like to add.

Primary Provider Signature:

_____

Date: _____

Secondary Provider Signature:

_____

Date: _____

School Information Sheet

What school does your child attend?

_____

What grade is your child in?

_____

How does your child get to/from school (eg. Bus, driven by parent, walk)

_____

Bus Number _____

Proverbs 22:6 SPLS Education Fund

The best investment anyone may make is in our future. The best foundation anyone may make for their life is their Faith and God's Word. The Proverbs 22:6 SPLS Education Fund combines those two truths and provides financial support, as well as reward and recognition programs for the students and families of St. Paul's Lutheran School.

One sunny Saturday in August, God showed a congregational member how a singular donation to help a St. Paul's Lutheran School Extended Care family, didn't have to stop there. Before sundown that same day, the Proverbs 22:6 SPLS Education Fund was formed.

"Train up a child in the way he should go,
Even when he is old he will not depart from it."

- Proverbs 22:6