

Ci-Ci's Scholarship Application Form

Name of Child _____ Date _____

Child's Birthdate _____

Parents or Guardian _____

Phone Number _____

Comments: _____

I have read the information regarding the Ci-Ci Scholarship Fund and agree to comply by the terms and conditions.

Signed _____ Date _____

Parent/Guardian

Below- Office Use Only

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Current Weekly Tuition Rate..... _____

Fee for Enrollment and Books..... _____

Pre-Kindergarten Assessment date and score _____

Pre-K Recommendation _____ SL Recommendation _____

Scholarship Weekly Amount Awarded..... _____

Additional Award, if available..... _____

Note: _____