



# MNKA

## Scholarship Application

Please complete the following information:

Name of child: \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Name of parent requesting funds: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Names, ages and schools of other children in the family:

Name	Age	School
_____	_____	_____
_____	_____	_____

Name of School Director: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

What is the cost of one month's tuition? \_\_\_\_\_

Specify dollar amount of scholarship money requested \$ \_\_\_\_\_

Are you currently receiving or will be seeking financial assistance from another source? \_\_\_\_\_

Have you been a recipient of MNKA Scholarship money before? \_\_\_\_\_

Please state the reason for applying for this financial assistance. You may continue your answer on the back of this page

---

---

---

Return to: Samantha Benjamin by email at [samantha.benjamin@svumc.org](mailto:samantha.benjamin@svumc.org) or mail to Spring Valley UMC Preschool, 7700 Spring Valley Road, Dallas, TX 75254

For Scholarship Committee use only:

Date scholarship awarded or denied \_\_\_\_\_ Amount and check# \_\_\_\_\_