TRINITY
GOOD SHEPHERD PRESCHOOL

SCHOLARSHIP APPLICATION 2026-2027

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name(s):
_____

Phone Number:
_____

Address:_____

Please provide the names and ages of other children in your household:
_____
_____
_____
_____

Please explain the reasons for applying for this scholarship:_____
_____
_____
_____
_____
_____
_____
_____

Amount Requested Per Month:_____ Monthly Family Contribution:_____

Family Income: (Circle One) Under $30,000 $30,000-$40,000 $40,000-$50,000
$50,000-$60,000 $60,000-$75,000 $75,000-$90,000

TRINITY LUTHERAN GOOD SHEPHERD PRESCHOOL
PHONE: (567)-261-0670 | ADDRESS: 508 Center Street, Ashland, OH 44805
WEBSITE: trinityashland.org | EMAIL: montessori@trinityashland.org

Mother/Guardian Place of Employment:

_____

How long have you worked there? _____ Work phone number: _____

Father/Guardian Place of Employment:

_____

How long have you worked there? _____ Work phone number: _____

I hereby certify that all of the information is true and correct. If changes are made during the year, I will notify the school.

Parent/Guardian Signature:_____ Date: _____

Parent/Guardian Signature:_____ Date: _____

Please complete this form and the Scholarship Guidelines form and submit to:

Trinity Lutheran Good Shepherd Preschool
508 Center Street
Ashland, Ohio 44805

**You may also drop it off in a sealed envelope to the church office at the above address during regular church office hours 8:30 am – 4:00 pm, Monday-Thursday.*