St. Peter's Episcopal School



BRENDA BREWINGTON MEMORIAL SCHOLARSHIP APPLICATION

CONFIDENTIAL SUBMISSION

St. Peter's Episcopal School is committed to providing an affordable preschool education for our families. To ensure this, we strive to offer financial aid to those families who may not be able to afford a preschool experience or are suffering temporary financial difficulties. Our ability to provide financial aid is dependent upon the financial resources available in our scholarship fund. Financial aid is awarded based on review by and approval by the St. Peter's Episcopal School Board. Please submit your most recent Federal Tax Return along with this form.

Please use a separate form for each child.

Name of Child:	Date of Birth:
Address:	
Phone Number:	Class registering for:
Parent #1 Name:	
	Occupation:
Business Address:	Phone:
Employment Status: Full Time:	Part Time:
Parent #2 Name:	
	Occupation:
Business Address:	Phone:
Employment Status: Full Time:	Part Time:
Number of Dependent Children in Family	y and Ages:
Number of Children Enrolled in St. Peter	's:
	0% tuition reduction; \$50 month reduction)

Please describe the circumstances that affect your family's current financial situation and the basis for your request to receive financial assistance at this time. Please submit your most recent Federal tax return along with this form.			
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By signing this form, I agree to provide St. P	eter's Episcopal School with proof of financial		
need. To the best of my knowledge the info	rmation provided in this application is accurate		
and true.			
Signature of parent:	Date:		

Financial aid is for current school year only. Families must re-apply each school year.

St. Peter's Episcopal School admits students of any race, gender, national/ethnic origin, and religion to all educational programs provided. It does not discriminate on the basis of race, gender, or religion in administration of its educational policies, admissions policies, scholarship programs and all other school administered programs.