

# Our Savior's Angel Fund Bluebird Scholarship

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Referring Church Family: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Copy of pay stub dated: \_\_\_\_\_

Reason for request and/or written request: \_\_\_\_\_

\_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Church attended: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This application must be review by at least 2 individuals from Our Savior's congregation and Preschool Director. Each person reviewing applicant shall write a brief explanation of why they feel the applicant is worthy of additional funds to support the applicant during their preschool years at Our Savior. Scholarship money can either be in the form of a one time payment or an amount each month to help with monthly tuition for preschool.**