



MCP Scholarship Application 2024-2025

Child's Name: _____ Name of person making request: _____

Phone _____ Email _____

Mailing Address _____

I would like to register my child for: 2-day 2's 2-day 3's 3-day 3's PreK

*** PreK only:** I am requesting a VPK-funding-only position (\$0 tuition/fees) _____
VPK-Funding-Only position requests: Do not complete the rest of this form

**The rest of this form must be completed for financial assistance awards for all other classes.
Incomplete applications for financial assistance will not be considered.**

What is the annual income for you household as shown on your most recent tax forms? \$ _____

What is the number of family members (total dependants) _____

What amount are you requesting toward the annual tuition amount? \$ _____

What commitment will you make toward the annual tuition amount for your child? \$ _____

What are your reasons for requesting financial assistance?

Please note: The Scholarship Committee of the MCP Board will consider all requests for financial assistance and make final decisions regarding awarding of assistance. All information provided will be kept confidential. Please provide information you consider appropriate to your family's situation in order to help the committee in making their decisions. You may include additional pages as necessary.

Financial Assistance is only awarded toward MCP tuition. Please see our Tuition and Fees page for annual tuition amounts. Parents are responsible for paying Registration and Materials/Security Fees in full.

I understand that if my financial situation changes, I am obligated to notify MCP as adjustments may be made in the scholarship amount.

Parent's Signature _____ Date _____

~ To know God and His world ~