

MIDWEST CHRISTIAN MONTESSORI ACADEMY

Rolando Banda Scholarship Application

PROGRAM DESIRED: *in the upcoming school year my child will enter*

PRESCHOOL: _____ 5 days per week _____ 3 days per week _____

KINDERGARTEN: _____ **ELEMENTARY:** _____ (GRADE)

CHILD'S NAME: _____ **BIRTHDATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PARENT NAMES: _____ **HOME PHONE:** _____

PLACE OF EMPLOYMENT

FATHER: _____ **MOTHER:** _____

WORK PHONE: _____ **CELL:** _____ **WORK PHONE:** _____ **CELL:** _____

PRIMARY E-MAIL

ADDRESS: _____ **SECONDARY:** _____

PREVIOUS EXPERIENCE MONTESSORI, PRESCHOOL, DAYCARE: (NAME OF SCHOOL, YEARS ATTENDED)

SIBLINGS AND THEIR AGES: _____

HAVE FAMILY MEMBERS ATTENDED MCMA?: _____ **NAMES:** _____

HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP?: _____

STATEMENT OF NEED: (explain why your child would benefit from a Christian Montessori education)

SIGNATURE OF PARENT _____ **DATE:** _____

Midwest Christian Montessori Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school and does not discriminate on the basis of race, color, and national or ethnic origin in administration of our educational policies, scholarship and loan programs, and athletic and other school-administered programs.