



My First School
A Cooperative Experience

35 Verbena Avenue, Floral Park, NY 11001

web site: www.myfirstschoolfp.org

e-mail: myfirstschoolfloralpark@gmail.com

Jeannine Votruba - Director

Phone (516) 354-0138

Scholarship Application

All information will be held strictly confidential

Name: _____

Date _____

Name of Child: _____

Birthday _____

Address _____

Phone
Number _____

Parent # 1 Employment: _____ Annual income

Parent #2 Employment: _____ Annual
income _____

Other financial information which should be taken into consideration:

List other members of the household: Name, Age, Sex & Relation to child:

Other dependants not living at home:

Reason for requesting scholarship:

All information included on this document is true and to the best of my knowledge:

Parent and/or Guardian Signature

Date _____

Scholarships are \$250 taken off of your yearly tuition. My First School will grant (4) scholarships each year.

ALL APPLICATIONS MUST BE RECEIVED BY OCTOBER 15th and the recipients will be notified by November 1st. If tuition has already been paid in full, a refund check will be given for \$250.

Completed applications should be mailed to the school address above or dropped in the president's mailbox located in the director's office. Please mark "Scholarship" on the envelope. Thank you.