



**Please return this form to:**

City of Fountains School  
PO Box 140441  
Kansas City, MO 64114  
Administrator@CityOfFountainsSchool.org  
(816) 839-5756

## Scholarship Application Form

I am applying for tuition assistance for: Child(ren) Name(s): \_\_\_\_\_

Child will be participating in (circle one): Toddler Program Grades Program Kindergarten Program

Parents Name who is financially responsible: \_\_\_\_\_

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

Please check for annual household income range:

\_\_\_\_\_ Under \$25,000

\_\_\_\_\_ \$25,000 to \$29,000

\_\_\_\_\_ \$30,000 to \$34,0000

\_\_\_\_\_ \$35,000 to \$39,000

\_\_\_\_\_ \$40,000 to \$49,000

\_\_\_\_\_ \$50,000 to \$54,000

\_\_\_\_\_ \$55,000 to \$59,000

\_\_\_\_\_ \$60,000 or higher

Family Size \_\_\_\_\_

Please provide any extra information that you think would be helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the maximum monthly payment that you can afford for your child? \_\_\_\_\_

Please attach proof of income (such as the front page of your federal tax return or W2 or pay stubs)

\*Final contracting for families requesting Need-Based Financial Assistance will be completed following the Financial Award Committee review/decision. Need-Based Financial Assistance is awarded on a first come-first-served basis with a limited availability with **up to 50%** being the maximum allowed discount. Families requesting Need-Based Financial Assistance **must** submit a yearly application.