

Kayla Samascott Wilson Scholarship Application

This Scholarship will be awarded to:

- Current student(s) of Church Street Preschool under financial strain who are unable to pay tuition.
 Current or past Church Street Preschool families suffering the loss of a parent.

Please print your answers.			
1.	Last Name:	First Name:	
2.	Mailing Address::		
	Street:		
	City:	State: Zip:	
3.	Daytime Telephone Number: ()	
4.	Email address:		
5.	Date of Birth: (MM/DD/YYYY)		-
6.	Is your child a current CSP Student? (Ci	•	
7.	If no, what year(s) did your child attend (CSP?	

8.	Is your family currently experiencing financial strain? (Circle One) YES NO	
9.	Has your family suffered the loss of the student's parent(s)? (Circle One) YES NO	
10.	Please explain in your own words why you are applying to this scholarship.	

Please fill out the application and mail to:

Signature of scholarship applicant:

Church Street Preschool
Kayla Samascott Wilson Scholarship
P.O. Box 435
Valatie, NY 12184