



MULBERRY HOUSE SCHOLARSHIP APPLICATION

Please select the program for which you are requesting financial assistance:

___ 2024-2025 School Year

___ Summer Camp 2024

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Employer/Occupation: _____

Personal phone: _____ Email: _____

Parent/Guardian's Name: _____

Employer/Occupation: _____

Personal phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Number of dependents living at home: _____

Annual Family Income:

___ Below \$20,000

___ \$60,000 to \$80,000

___ \$20,000 to \$40,000

___ \$80,000 to \$100,000

___ \$40,000 to \$60,000

___ Other, please specify below

(continued next page)

Please describe any special circumstances to be considered when evaluating your scholarship application.

Parent Signature: _____ Date: _____

It is our mission at Mulberry House to match at least 10% of all incoming tuition to be used towards in-house scholarships for children in our community. All scholarship applications are kept confidential. Please note that a copy of your most recent 1040 may be requested.