



JAMES MARSHALL PARENT NURSERY SCHOOL

Financial Assistance Application

Parent's Name: _____ Phone: _____

Address: _____

Child's Name: _____ Age: ___ DOB: _____

Are you an Alumni Parent or child: _____ If so what year(s): _____

Can you commit to all parent responsibilities: meetings, workday & committee? _____

Why do you want your child to attend James Marshall Parent Nursery School?

What can you contribute to JMPNS? (skills, time, substitute, etc..)

How much can you afford to pay per month?

Are you able to work 2 days per week in the classroom?

Please describe your financial situation as to why you are requesting a scholarship.

If you need more space to write please include additional pages.