



Scholarship Application

Contact name(s): _____

Contact phone number(s): _____

Best time to call: _____ Date SSSFA form submitted: _____

How many years total do you anticipate your child or children will attend Great Beginnings? _____

How long do you anticipate your family will be in need of tuition assistance from Great Beginnings? _____

What percentage of tuition adjustment is necessary for your enrollment? _____

Are there any circumstances you would like to make the scholarship committee aware of that might assist them in their decision? (Use back of form if needed) _____

