

Please complete the following information:

Name of teacher: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of School Director: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

What is the cost of training/classes? \_\_\_\_\_ (please include receipts when possible)

Specify dollar amount of scholarship money requested \$ \_\_\_\_\_

Are you currently receiving or will be seeking financial assistance from another source? \_\_\_\_\_

Have you been a recipient of MNKA/Dallas ECCE Scholarship money before? \_\_\_\_\_

Please state the reason for applying for this financial assistance. You may continue your answer on the back of this page

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Return to: [dallasecce@gmail.com](mailto:dallasecce@gmail.com)

For Scholarship Committee use only:

Date scholarship awarded or denied \_\_\_\_\_ Amount and check# \_\_\_\_\_