

White Plains Presbyterian Church Nursery School (WPPCNS)

Scholarship Application

2017-2018

Name of Child: _____ ___ Male ___ Female

Date of Birth: _____

Mother's name: _____

Address: _____

Phone Number: _____

Father's name: _____

Address: _____

Phone Number: _____

With whom does the child live? (Please circle one)

Mother Father Both parents other (name and relationship) _____

Other children living in the home	Age/Relationship	WPPCNS Alumni? (Please circle one)
_____	_____	Yes/No
_____	_____	Yes/No

Is there someone in the community who knows you and/or our child that we may contact to get to know you and/or your situation better? Name/Relationship: _____ Phone: _____

How many days per week would you like the child to attend? ___2 ___ 3 ___ 5 (Please know: The Lunch Bunch program is not included as part of the scholarship.)

How did you learn about the scholarship program? _____

Are you currently receiving any subsidized child care or preschool funding? _____ Amount \$ _____

Do you qualify for any public assistance program? (Circle all that apply) No Yes (food stamps, unemployment, supplemental housing)

If yes please provide the benefit number: _____

Financial Information

This information is used solely to determine scholarship eligibility and will remain confidential.

Employment:

Father's Information:

Occupation _____

Place of employment _____ How

long have you worked there? _____ Work phone number _____

Mother's Information:

Occupation _____

Place of employment _____

How long have you worked there? _____ Work phone number _____

Are other adults contributing to the household income? _____

If yes, please explain. _____

Please supply the following information, as well as a copy of PAGE 1 of your most recent Federal Income Tax Form (applications will not be considered complete without ALL requested information). Please indicate if an item is not applicable (N/A). Income:

Monthly: (Gross) \$ _____ (Net) \$ _____ Annually:

(Gross) \$ _____ (Net) \$ _____

Expenses (per month):

Mortgage or Rent (Circle one): \$ _____ Groceries: \$ _____

TV/Cable: \$ _____ Phone (home) \$ _____ Phone (cell) \$ _____

Home Gas/Electric \$ _____ Insurance: \$ _____

Auto:

Medical:

Insurance (yearly): \$ _____ Insurance Premiums (yearly): \$ _____

Payments \$ _____ Other: \$ _____

Gas/month: \$ _____ Other: _____

Other Insurance: _____ Credit Card debts \$: _____

Other Loans/Debt: _____

Please describe any special financial circumstances affecting the family's budget.

Please add any additional information that you think will be helpful in better understanding your financial situation. Each application will be reviewed considering both financial information as well as extenuating circumstances. If additional space is needed, please attach pages to this application.

Return to the WPPC Nursery School Director:

- This Scholarship Application (along with any additional information)
- A copy of your 2 most recent Income Tax Forms*
- A copy of White Plains Presbyterian Church Nursery School application or registration contract
- A SIGNED copy of the Financial Obligation Acknowledgment form

I verify that the above information is true and complete.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please return all completed forms as soon as possible in person or mail to:

White Plains Presbyterian Church Nursery School, Attn School Director,

39 North Broadway, White Plains, NY, 10603

*If you have filed for an extension or do not file income taxes, please provide copies of all applicable W2's from the most recent 2 years along with any other income documentation (child support, alimony, unemployment etc).

Financial Obligation Acknowledgement Form:

(Please initial on the lines)

_____ I/we understand that if our child is awarded scholarship money through the White Plains Presbyterian Church Nursery School Scholarship Program that it is our sole responsibility to make timely tuition payments to the school. We will not be provided reminders that payment is due.

_____ Unless alternate arrangements are made; payments are due the 1st of the month, with late fees incurred after nonpayment by the 10th of the month (as per the handbook).

Failure to make a monthly payment by the 20th of the month will: preclude your child (ren) from attending school until payment (along with any applicable late fees) is made to the School and may result in the withdrawal of your scholarship whereas the remaining balance will be your responsibility.

_____ The teachers will be asked to assess the attendance of ALL students in February.

I/We understand that if our child has had an unreasonable (nonmedical) number of absences, we may be required to refund the school the scholarship money awarded to us.

_____ I/we understand that it is OUR responsibility to communicate any delays in payment to the School Director. I/we also understand that payment plans are available through the Registrar should we need to spread our payments out over a longer period.

Parent/Guardian Signature Date

_____ Parent/Guardian

Signature Date