

## Winton Road Nursery School Scholarship Application 2016-2017

(Confidential)

Name of Child:		oMale	oFemale
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 an	d relationship)		_
Other Children living in the home	Age/Relationship	WRNS Alumn	i?
		Y/N	
		Y/N	
Pediatrician:	Phone:		
Social Worker:(if applicable)	Phone:		
Is there someone in the community who knows you an	nd/or our child that we r	may contact to get	to know
you and/or your situation better?			
Name/Relationship:	Phone:		_
How did you learn of the WRNS scholarship program	?		

## **Financial Information**

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

Employment:					
Father's Information:					
Occupation					
Place of employment	0	*** 1 1	1		
How long have you worked the	re?	Work phone	number		
Mother's Information:					
Occupation					
Place of employment		XX7 1 1			
How long have you worked the	re?	. Work phone r	number		
Are other adults contributing to	the household in	.come?			
If yes, please explain.					_
Please supply the following inform Tax Form (applications will not be indicate if an item is not applicable	considered comple				
Income:					
Monthly: (Gross) \$	(Net) \$				
Annually: (Gross) \$	(Net) \$				
Expenses (per month):					
Mortgage or Rent(Circle one) : \$_	Gro	oceries: \$			
TV/Cable:\$Pho	one (home) \$	Pho	one (cell) \$		
Home Gas/Electric \$	Insurance: \$_		_		
Auto:	Medical:				
Insurance: \$	Insurance Premiums: \$				
Payments \$	Other: \$				
Gas: \$					
Other:					
Other Insurance:					
Credit Card:					
Other Loans/Debt:					

Please describe any special financial circumstance	ces affecting the family's budget.
Please add any additional information that you think will be helpfue Each application will be reviewed considering both financial informational space is needed, please attach for additional space is needed, please attach for the Scholarship Chair:  This Scholarship Application (along with any action of the Action of the Scholarship Application (along with any action of the Action of the Signed Nursery School application Action of the Signed Obligation Obligation Action of the Signed Obligation Obligat	rmation as well as extenuating circumstances. If pages to this application.  dditional information)  cation or registration contract
I verify that the above information is true and complete.	
Signed:	Date:
Signed:	Date:
Please return all completed forms by April 20, 2016 to:	
Winton Road Nursery School Scholarship Chair % Janice Palermo 36 Kevin Drive Rochester NY 14625	

\*If you have filed for an extension or do not file income taxes, please provide copies of all applicable W-2's from 2015 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 Road Nursery School Scholarship Program that it is on payments to the Operations Manager. We will not beUnless alternate arrangements are made; palate fees incurred after non-payment by the 10 <sup>th</sup> of the Failure to make a monthly payment by the 20 <sup>th</sup> of the from attending school until payment (along with an Operations Manager and may result in the withdra remaining balance will be your responsibility.	ar sole responsibility to make timely tuition provided reminders that payment is due.  The ayments are due the 1st of the month, with month (as per the handbook).  The month will: preclude your child(ren) by applicable late fees) is made to the					
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 (non-medical) 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 Operations Manager. 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					