



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 and relationship) \_\_\_\_\_

Other Children living in the home	Age/Relationship	WRNS Alumni?
_____	_____	Y/N
_____	_____	Y/N

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

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if applicable)

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 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 \_\_\_\_\_

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 with out 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: \$ \_\_\_\_\_

Insurance Premiums: \$ \_\_\_\_\_

Payments \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Other: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Other Loans/Debt: \_\_\_\_\_

*Please describe*

[illegible]

### Return to the Scholarship Chair:

- I verify that the above information is true and complete.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Financial Obligation Acknowledgement Form:

(please initial on the lines)

\_\_\_\_\_ I/we understand that if our child is awarded scholarship money through the Winton Road Nursery School Scholarship Program that it is our sole responsibility to make timely tuition payments to the Operations Manager. We will not be provided reminders that payment is due.

\_\_\_\_\_ Unless alternate arrangements are made; payments are due the 1<sup>st</sup> of the month, with late fees incurred after non-payment by the 10<sup>th</sup> of the month (as per the handbook).

**Failure to make a monthly payment by the 20<sup>th</sup> of the month will: preclude your child(ren) from attending school until payment (along with any applicable late fees) is made to the Operations Manager 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 (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