



SCHOLARSHIP APPLICATION

2019-2020

(confidential)

The information in this form will be kept confidential. Please complete all sections, indicating items that do not apply to your family with "NA." In addition, attach a copy of page one of your most recently filed Federal Income Tax form. Incomplete applications will not be considered.

CHILD'S NAME: _____ M F

DATE OF BIRTH: _____ WRNS PROGRAM: _____

PARENT(S) NAME(S): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PARENT ADDRESS: _____
(if different)

PHONE: _____ EMAIL: _____

With whom does the
child live?
(choose all that apply)

Mother

Father

Other

(name and relationship) _____

Other children living in the home	Age	Relationship	WRNS Alumni? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PEDIATRICIAN: _____ PHONE: _____

SOCIAL WORKER: _____ PHONE: _____
(if applicable)

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

NAME: _____ RELATIONSHIP: _____

PHONE: _____ EMAIL: _____

How did you learn of the WRNS scholarship program?



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PARENT / GUARDIAN #1 EMPLOYMENT INFORMATION

OCCUPATION: _____ EMPLOYER: _____
HOW LONG AT CURRENT EMPLOYER?: _____
WORK PHONE: _____ WORK EMAIL: _____

PARENT / GUARDIAN #2 EMPLOYMENT INFORMATION

OCCUPATION: _____ EMPLOYER: _____
HOW LONG AT CURRENT EMPLOYER?: _____
WORK PHONE: _____ WORK EMAIL: _____

Do other adults contribute to the household income? _____

If yes, please explain: _____

ANNUAL HOUSEHOLD INCOME: GROSS: _____ NET: _____

MONTHLY HOUSEHOLD INCOME: GROSS: _____ NET: _____

MONTHLY EXPENSES

MORTGAGE:	\$ _____	GROCERIES:	\$ _____
RENT:	\$ _____	CABLE / TV:	\$ _____
HOMEOWNERS / RENTERS INSURANCE:	\$ _____	INTERNET:	\$ _____
HOME PHONE:	\$ _____	MOBILE PHONE:	\$ _____
AUTO PAYMENTS:	\$ _____	MEDICAL INSURANCE:	\$ _____
AUTO INSURANCE:	\$ _____	OTHER MEDICAL:	\$ _____
GAS:	\$ _____	CREDIT CARD(S):	\$ _____
OTHER AUTOMOTIVE:	\$ _____		
OTHER LOANS / DEBT: <i>(please describe)</i>	\$ _____		



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Describe any special financial circumstances affecting the family's budget below. Applications are reviewed based on financial information as well as extenuating circumstances. If additional space is required, please attach pages to the application.

Return the following items to the address below:

- This Scholarship Application (along with any additional information)
- A copy of your 2019 Federal Income Tax Form*
- A copy of a 2019-2020 Winton Road 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 **by April 20, 2019** to:

Winton Road Nursery School
ATTN: Scholarship Chair
PO Box 10281
Rochester NY 14610

*If you have filed for an extension, or are not required to file, please provide copies of all applicable W-2s from 2018, along with any other applicable documentation of income (child support, alimony, unemployment etc).

Financial Obligation Acknowledgement Form

Initial each line and sign at the bottom.

_____ I / We understand, if our child is awarded scholarship money through the Winton Road Nursery School Scholarship Program, that it is my / our sole responsibility to make timely tuition payments to the Operations Manager. We may or may 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 non-payment by the 10th of the month (as per the parent handbook). Failure to make a monthly payment by the 20th of the month will preclude my / our child or children from attending school until payment arrangements are made with the Operations Manager. Non-payment may result in revocation of scholarship funds, in which case the remaining balance will be my / our responsibility.

_____ The teachers assess the attendance of all students in February. I / We understand that if my / our child or children has had an unreasonable number of non-medical absences, we may be required to refund the school all or part of the scholarship funds.

_____ I / We understand that it is our responsibility to communicate any delays in payment to the Operations Manager, and that I / We should contact the Registrar or Operations Manager if a change in payment plan is required.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date