

SCHOLARSHIP APPLICATION 2018-2019

(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:	WF				
MOTHER'S NAME: _					
PHONE:	EMAIL:				
FATHER'S NAME: ADDRESS: (if different)					
PHONE:	EMAIL:				
With whom does the chive? (choose all that apply)	nild Mother Other (name and rela	Father ationship)			
Other children living in	the home Age	Relationship	WRNS Alumni? (Y/N)		
PEDIATRICIAN:		PHONE:			
SOCIAL WORKER:		PHONE:			
Is there someone in the	community who know	vs you and/or your child that we	may contact to get		
to know you and/or you	ır situation better?				
NAME:	RELATIONSHIP:				
PHONE:		EMAIL:			
How did you learn of th	e WRNS scholarship բ	orogram?			



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MOTHER'S EMPLOYMENT INFORMATION

OCCUPATION:	CCUPATION: EMPLOYER:				
HOW LONG AT CURRENT EN	MPLOYER?: _				
WORK PHONE: WORK EMAIL:					
FAT	HER'S EMPLO	DYMENT INFORMATION			
OCCUPATION:	EMPLOYER:				
HOW LONG AT CURRENT EN					
WORK PHONE:	WORK EMAIL:				
Do other adults contribute to the	ne household in	come?			
If yes, please explain:					
ANNUAL HOUSEHOLD INCOME: GROSS: NET:					
MONTHLY HOUSEHOLD INCOME: GROSS: NET:					
	MONTH	LY 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: (please describe)	\$				



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Describe any special financial circumstances affecting the reviewed based on financial information as well as extend 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 2018 Federal Income Tax Form*				
 A copy of a 2018-2019 Winton Road Nursery Sch 	nool application or registration contract			
A signed copy of the Financial Obligation Acknowledge	wledgment form			
I verify that the above information is true and complete.				
Signed:	Date:			
Signed:	Date:			
Please return all completed forms by April 20, 2018 to:				
Winton Road Nursery School Scholarship Chair % Christine Schoepfel 34 Havenshire Rd Rochester NY 14625				

*If you have filed for an extension, or are not required to file, please provide copies of all applicable W-2s from 2017, along with any other applicable documentation of income (child support, alimony, unemployment etc).



Parent/Guardian Signature

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Date

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 by 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