



# SCHOLARSHIP APPLICATION

## 2017-2018

(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: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(if different)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

With whom does the child live? Mother \_\_\_\_\_ Father \_\_\_\_\_  
(choose all that apply)

Other \_\_\_\_\_  
(name and relationship)

| Other children living in the home | Age   | Relationship | WRNS Alumni?<br>(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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### MOTHER'S EMPLOYMENT INFORMATION

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
HOW LONG AT CURRENT EMPLOYER?: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

### FATHER'S 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 /<br>RENTERS INSURANCE:              | \$ _____ | INTERNET:          | \$ _____ |
| HOME PHONE:                                     | \$ _____ | MOBILE PHONE:      | \$ _____ |
| AUTO PAYMENTS:                                  | \$ _____ | MEDICAL INSURANCE: | \$ _____ |
| AUTO INSURANCE:                                 | \$ _____ | OTHER MEDICAL:     | \$ _____ |
| GAS:  | \$ _____ | CREDIT CARD(S):    | \$ _____ |
| OTHER AUTOMOTIVE:                               | \$ _____ |                    |          |
| OTHER LOANS / DEBT:<br><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.

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Return the following items to the address below:

- This Scholarship Application (along with any additional information)
- A copy of your 2017 Federal Income Tax Form\*
- A copy of a 2017-2018 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, 2017** to:

Winton Road Nursery School Scholarship Chair  
% Janice Palermo  
36 Kevin Drive  
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 2016, along with any other applicable documentation of income (child support, alimony, unemployment etc).



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### 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.

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date