



# 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: \_\_\_\_\_ WRNS PROGRAM: \_\_\_\_\_

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

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

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

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

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?

\_\_\_\_\_



# SCHOLARSHIP APPLICATION

## 2018-2019 - page 2

### 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 / 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>	\$ _____		





# SCHOLARSHIP APPLICATION

## 2018-2019 - page 4

### 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