

Scholarship Application

(Confidential)

Name of Child: _____

Male

Female

Birthdate: _____

Mother's name: _____

Marital Status:

Father's name: _____

Married

Single

Address: _____

Separated

Divorced

Phone Number: _____

(If there is no phone, leave a number where you can be reached.)

Other Children(s) Name

Birthdate

Pediatrician: _____

Phone: _____

Social Worker: _____

Phone: _____

Employment:

Father: _____

Phone: _____

Mother: _____

Phone: _____

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

Name: _____

Phone: _____

How did you find out about the WRNS scholarship program?

Has your child been involved in a regularly scheduled group before?

Yes

No

If yes, please describe: _____

Does your child have frequent playmates?

Yes

No

What are some of his/her favorite things to do? _____

Does your child have and physical or emotional problems that you know of? Yes No

If yes, please describe: _____

What do you hope your child will gain from the nursery school experience?

It is necessary for you to provide transportation to and from school for your child. Would that be a problem for you? Yes No

Please supply the following information, as well as a copy of your most recent Income Tax Form (applications will not be considered complete with out ALL requested information).

Income \$ _____

(Gross _____ Net _____ Monthly _____ Yearly _____)

Expenses:

Mortgage _____ Food _____ Phone _____

Rent _____ Car _____ Medical _____

RG&E _____ Gas _____ Insurance _____

Other _____

Please add any additional information that you think will be helpful. If additional space is needed, please attach pages.

Before returning to Winton Road Nursery School, please be sure to include the following:

- This Scholarship Application
- A copy of your 2009 Income Tax Form
- A copy of Winton Road Nursery School application or registration contract

I verify that the above information is true and complete.

Signed: _____ Date: _____

Please return all forms by April 15th to:

Lisa Weld
24 Chelmsford Road
Rochester, NY 14618