



# SCHOLARSHIP APPLICATION

## 2023-2024

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

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

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

PARENT NAME: \_\_\_\_\_

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

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

With whom does the child live?  
(name(s) 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 1 EMPLOYMENT INFORMATION

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

### PARENT 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 / RENT:	\$	GROCERIES:	\$
HOMEOWNERS / RENTERS INSURANCE:	\$	TV/STREAMING:	\$
PHONE:	\$	INTERNET:	\$
AUTO PAYMENTS:	\$	MEDICAL INSURANCE:	\$
AUTO INSURANCE:	\$	OTHER MEDICAL:	\$
GAS:	\$	CREDIT CARD(S):	\$
OTHER AUTOMOTIVE:	\$	OTHER UTILITIES:	\$
OTHER LOANS / DEBT: <i>(please describe)</i>	\$	OTHER: <i>(please describe)</i>	\$



### 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. 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 timely payments may preclude my/our child or children from attending school until payment arrangements are made with the Operations Manager.

Continued non-payment may result in revocation of scholarship funds. Any remaining tuition balance will be my/our responsibility.

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