

# UPPER FALLS NURSERY SCHOOL

PO Box 255 45 PETTEE ST.

NEWTON, MA 02464

617-332-6488

2011-2012

## SCHOLARSHIP APPLICATION

Acceptance to our school is not based on a family's financial status. The Upper Falls Nursery School has scholarship funding set aside for financial assistance to eligible families who wish to enroll their child. All requests will be carefully evaluated and partial scholarships will be given according to the merits of the financial situation and needs of the child. The criteria for receiving scholarship aid remain flexible, taking into account the number of applicants, the amount of available money and specific needs of the families who apply. All information will be kept strictly confidential. It is also requested that if a scholarship is granted to any family, the amount awarded be kept confidential. We need proof that your income is within the guidelines set below. Please provide the following information so that all applications can be considered equally.

- 1) Copies of the last four (4) most recent pay stubs from ALL income-earning family members, and/or proof of participation in welfare or other programs with strict guidelines.
- 2) A copy of your most current federal income tax return.

<u>Check your Family size</u>	<u>Yearly Gross Income(not more than)</u>
<u>__ Two</u>	\$50,100
<u>__ Three</u>	\$57,100
<u>__ Four</u>	\$65,100
<u>__ Five</u>	\$71,100
<u>__ Six</u>	\$80,100
<u>__ more....</u>	

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Home address \_\_\_\_\_

Name of Parent or guardian \_\_\_\_\_ Occupation \_\_\_\_\_

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How many mornings will your child attend UFNS next year? \_\_\_\_\_.

How many pre-registered Lunch Bunch days? \_\_\_\_\_.

What will the total cost be? \_\_\_\_\_

Any unusual financial obligations? \_\_\_\_\_.

Do you own\_\_ or rent\_\_ your home? Monthly rent or mortgage \_\_\_\_\_.

Number of dependants under 18 years of age \_\_\_\_\_.

Number of family members living at this address. \_\_\_\_\_

If any other adults live with you please include their income information for them too.

Do you receive any other financial assistance (for example food stamps, WIC....)

If so, please describe: \_\_\_\_\_

*If you miss these guidelines and still feel that you have a need PLEASE submit an application.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_