

**FIRST PRESBYTERIAN NURSERY SCHOOL**

29 Grant Ave., Endicott NY 13760

Phone: 607-748-1744 Email: nurseryschool@firstpresendicott.org

**SCHOLARSHIP APPLICATION FORM 2015-16**  
**Confidential Information**

First Presbyterian Nursery School accepts children without regard for religion, race, color, national origin, sex, age, or disability. Tuition assistance is available on a first come, first served basis to children from families whose income meets the guidelines for free or reduced price meals in the public schools. If you think you may qualify for assistance, please complete the application form and return it to the school as soon as possible. Scholarships are awarded **FIRST** to students who are **NOT** eligible to attend **FREE UPK** programs. If money allows, we then can offer scholarships to those who choose to attend our school over their local UPK. Please call the office if you have questions or concerns.

Answers to frequently asked questions:

1. **Do I need to fill out an application for each child?** No, fill out one application per household.
2. **Who is eligible?** Children in households getting Food Stamps or TANF, most foster children, and children from households whose income falls within the guidelines may apply for scholarship assistance. *A copy of the most recent household income tax return is required.*
3. **I get WIC, is my child eligible?** Your child may be eligible. Please fill out an application.
4. **Will the information I supply be checked?** We may ask you at any time to verify your eligibility.
5. **If I don't apply now, may I apply later?** Yes, you may apply at any time during the school year if your household size goes up or down, if you start getting food stamps, TANF or other benefits, you lose your job or your hours are cut.
6. **May I apply if someone in my household is not a US citizen?** Yes, you or your children do not have to be US citizens to apply.
7. **Who should I include as members of my household?** You must include ALL people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
8. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**Income Chart:** The following chart lists income levels according to household size & income levels received. If your **total household income** is the same or less than the amounts on the Income Chart below, your children **may** be eligible to receive one of the four levels for scholarship assistance while your student is at First Presbyterian Nursery School.

**Eligibility Income Chart**  
(with percentage off)

Household size	25%	50%	75%	90%
1	\$31,885.50	\$21,257.00	\$15,942.75	\$11,691.35
2	\$43,041.00	\$28,694.00	\$21,520.50	\$15,781.70
3	\$54,196.50	\$36,131.00	\$27,098.25	\$19,872.05
4	\$65,352.00	\$43,568.00	\$32,676.00	\$23,962.40
5	\$76,507.50	\$51,005.00	\$38,253.75	\$28,052.75
6	\$87,663.00	\$58,442.00	\$43,831.50	\$32,143.10
7	\$98,818.50	\$65,879.00	\$49,409.25	\$36,233.45
8	\$109,974.00	\$73,316.00	\$54,987.00	\$40,323.80
Each additional	\$10,989.00	\$7,326.00	\$5,494.50	\$4,029.30

**\*\*\*Please remember this is based on the HOUSEHOLD ADJUSTED GROSS INCOME (AGI). When turning in your 2013 tax return it will need to either be one filed jointly or multiple returns filed separately for working adults.**

**Please fill out the information on the back!**

*To apply for scholarship assistance read the instructions, complete only one form per household, sign your name and return it to the school with a copy of your most recent Income Tax return. Call Derek Washburn at 607-748-1744 if you need assistance. If more space is needed, please attach additional paper.*

**PLEASE PRINT:**

**1. Children enrolled in First Presbyterian Nursery School:**

*Names:*

*Last                                      First                                      Date of Birth                                      Class*

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**2. Foster Child: Contact the school for assistance.**

**3. Households getting Food Stamps or Temporary Assistance to Needy families (TANF): Complete this section and sign the application. Write your case number as provided on your benefit letter, not the number on your benefit card.**

Food Stamp Case # \_\_\_\_\_ TANF Case # \_\_\_\_\_

**4. Household Members & Total Household Income:**

Show how often each amount is received.	<u>Current Income/Pay Period</u>			
	Examples: \$100/weekly, \$100/2x per month, \$100/monthly If pay period is not noted, we will process the reported income as received weekly.			
List the Names of Everyone in Your Household	Earnings From Work Before Deductions	Child Support, Alimony, Etc.	Payments From Pension or Retirement	Other Income
	Amount/How Often	Amount/How Often	Amount/How Often	Amount/How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**5. SIGNATURE: An adult household member must sign the application before it can be approved.**

I certify that all of the information is true and that all income is reported. I understand that the school may verify the information and that deliberate misrepresentation of the information may result in scholarship assistance being withdrawn.

**NAME (Print):** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (person filling out information)

\_\_\_\_\_  
Mailing Address Zip Code

\_\_\_\_\_  
Home Telephone Cell Phone Work Phone

Email: \_\_\_\_\_