



Trumansburg Community Nursery School
Scholarship Application (All information is confidential)

Child's full name: _____

Address: _____

Mother/guardian name: _____ Phone: _____

Address: _____

Employer: _____ full time _____ part time _____

Father/guardian name: _____ Phone: _____

Address: _____

Employer: _____ full time _____ part time _____

Child lives with: both parents one parent other (grandparents, etc)

Number of people in child's home: adults _____ children _____ total _____

Do both parents support the child financially?

Gross annual household income reported on last year's Federal Income Tax: \$ _____

Estimated current gross annual household income: \$ _____

Any other financial support for the child? yes no

Source of other income and amount:

Are there any changes that have or will affect current household income significantly? (job changes, etc)

Are there other circumstances which contribute to the need for scholarship assistance?

Will the scholarship be needed for the full school year?

Scholarship will provide partial tuition. Who will be responsible for paying the balance of tuition?

I hereby certify that all above information is true and I understand that I should report any changes in financial situation to the director. I understand that should changes occur, the need for scholarship will be re-evaluated and possible adjustments made.

Parent/guardian signature: _____ Date: _____