

AGASSIZ PRESCHOOL, INC.

Scholarship Application

The information provided on this form is confidential. It is available only to the scholarship committee and is necessary for us to make fair decisions.

Name of child/ren: _____

will attend school: 8:30 am - 12 8:30 am - 2:30 pm Extended Day

Youngest Group **Middle Group** **Oldest Group**

Parent's name: _____

Employed by: _____

Number of hours/week: _____

Parent's name: _____

Employed by: _____

Number of hours/week: _____

INCOME

1. Income — include a copy of the first page of your federal tax return.

- A. Salaries and wages — Parent \$ _____
 - B. Salaries and wages — Parent \$ _____
 - C. Dividend and/or interest income \$ _____
 - D. Net profit/loss from business or craft \$ _____
 - E. All other income (rents, royalties, trusts, etc.) \$ _____
- TOTAL OF ALL INCOME** \$ _____

2. Do you foresee any change in your income for the coming year? If so, please tell us what the change will be and how much money is involved.

3. Do you receive other benefits through work (i.e. medical insurance, housing, etc.). If so, please list them and estimate their value.

4. Do you receive paid vacations and holidays? yes no

ASSETS

5. Please list your current bank accounts:

AMOUNT

ACCOUNT NO.

Checking Account _____

Savings or money market acct. _____

6. Current value of stocks, bonds, and mutual funds: _____

7. Current value of all other investments or assets: _____

8. Car(s): Make: _____ Year _____ Amount of loan payments _____

Make: _____ Year _____ Amount of loan payments _____

9. Description of real estate and ownership arrangement:

Date purchased: _____ Original Cost: _____

Current value: _____ Current mortgage balance due: _____

EXPENSES

10. Do you own or rent the house or apartment you live in? Rent Own

11. What is your monthly rent or mortgage payment? _____

12. If renting, what utilities are included? _____

13. If owned, what is your annual tax bill? _____

14. What is the number of people in your family? _____ Adults _____ Children

15. What other work-related child care expenses do you have?

16. What are your annual medical expenses (include health insurance that you pay)?

17. Any other unusual expenses?

18. Do you have any outstanding debts: college loans, medical, dental, legal, etc. (do *not* include consumer loans, credit cards, or car payments)?

List your monthly payment for each loan:

OTHER INFORMATION

19. How much in scholarship funds did you receive from Agassiz Preschool last year?

20. Please give us any additional information that might help the scholarship committee make a decision regarding your application.

Parent signature(s) _____ **Phone:** _____

Date: _____

If divorced or separated, each parent should fill out a separate form if possible. If divorced or single but living with a partner as a family unit, fill out this form as a couple.