

# SCHOLARSHIP APPLICATION

## Linglestown Christian Nursery School

**A. Parent/Guardian Information** (only those residing in the student's household in the previous year)

Parent/Guardian Names \_\_\_\_\_  
Last Name First Name First Name

Parents/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ PA Zip \_\_\_\_\_

**B. Household Information:** previous Tax year (Please supply a copy of your Federal 1040 Form)

Number of family members living in household \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Children/Dependents \_\_\_\_\_  
 Others \_\_\_\_\_ If there are other adults besides the parent/guardian you must include them in this application and provide their Federal Tax documentation.

**C. Income Information:** All adults residing in the household with the student(s) must report their income and attach their Federal Income Tax return.

Income Sources	1 <sup>st</sup> Parent/Guardian	2 <sup>nd</sup> Parent/Guardian	Other
Adjusted Gross Income from Federal 1040			
Social Security Benefits, SSI or Disability			
Any additional income			

Please check **any unusual circumstances** that would apply to your situation in the last 12 months:

<input type="checkbox"/> Child support Reduction	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Death in family	<input type="checkbox"/> Medical/Dental expenses
<input type="checkbox"/> Recent separation/divorce	<input type="checkbox"/> College expenses	<input type="checkbox"/> Shared custody	<input type="checkbox"/> Shared tuition
<input type="checkbox"/> Change in family living status	<input type="checkbox"/> Income reduction	<input type="checkbox"/> High debt	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Illness or injury	<input type="checkbox"/> Loss of Job	<input type="checkbox"/>

Amount the family believes they can contribute monthly \$ \_\_\_\_\_

**D. Student Information**

Name of Child \_\_\_\_\_  
First Last

Name of Child \_\_\_\_\_  
First Last

**E. Signatures**

All information contained in this application will be kept confidential, shared only with the Director and Nursery School Advisory Team Chairperson.

\_\_\_\_\_  
 \_\_\_\_\_ Date  
 \_\_\_\_\_ Date

**FOR OFFICE USE ONLY**

	Monthly	Annual
Tuition for child # 1	\$	\$
Tuition for child #2	\$	\$
Total tuition	\$	\$
Less Sibling discount	\$	\$
Total tuition due	\$	\$
Less ACSI scholarship	\$	\$
Less Bridge scholarship	\$	\$
Less LCNS scholarship	\$	\$
<b>Balance due from family</b>	<b>\$</b>	<b>\$</b>