

**SCHOLARSHIP APPLICATION FORM
WONDER AWHILE NURSERY SCHOOL**

APPLICATIONS AND FINANCIAL DOCUMENTATION MUST BE SUBMITTED BY JULY 1 TO BE REVIEWED BY THE SCHOLARSHIP COMMITTEE.

Scholarship funds are limited, so your immediate response is appreciated. If you have any questions, please contact Jane at 377-6111.

APPLICATIONS SHOULD BE MAILED TO:

Wonder Awhile Nursery School
P.O. Box 136
Winthrop, ME. 04364

Child's Name: _____ Date of Birth: _____

Address: _____

Father's Name: _____ Phone # _____

Occupation: _____

Employer: _____

Mother's Name: _____ Phone # _____

Occupation: _____

Employer: _____

Number of Dependents: _____

PLEASE INCLUDE WITH APPLICATION A DOCUMENT TO SUPPORT EACH AMOUNT LISTED BELOW. YOUR APPLICATION CANNOT BE CONSIDERED WITHOUT THESE DOCUMENTS.

ANNUAL TUITION for four (4) sessions a week is \$2070.00 or \$230.00 per month for nine (9) months. ANNUAL TUITION for three (3) days a week is \$1620.00 or \$180.00 per month for nine (9) months. ANNUAL TUITION for two (2) sessions a week is \$1170.00 or \$130.00 per month for nine (9) months. Scholarships are offered on a first come –first serve basis. ANNUAL TUITION for a student receiving a scholarship is \$630.00 or \$70.00 per month for nine (9) months for two (2) sessions per week. Your application will be reviewed All information is confidential and records will be returned.

(OVER)

FINANCIAL INFORMATION

If you qualify for Food Assistance Programs, please enter the monthly allotment you receive and enclose a copy of your proof of eligibility. You do not need to fill out any other categories, simply sign below where it asks for your signature.

Monthly allotment: _____

INCOME:

Gross Income: _____ monthly

Spouse's Income: _____ monthly

Alimony: _____ monthly

Child Support: _____ monthly

Rental Income: _____ monthly

Disability: _____ monthly

Interest: _____ monthly

Please enclose current paystubs & most recent tax return. These will be returned once your application has been reviewed.

EXPENSES:

Rent/Mortgage: _____ monthly

Auto Payments: _____ monthly

Auto Insurance: _____ monthly

Medical Insurance: _____ monthly

Child Support: _____ monthly

Alimony: _____ monthly

Childcare: _____ monthly

Water/Sewer: _____ monthly

Electric: _____ monthly

Heating Oil: _____ monthly

Other Expenses: _____ monthly
Please describe but do not include credit cards or recreational loans. _____

Please enclose most recent bill, statement, or canceled check showing above amounts. These will be returned once your application has been reviewed.

I hereby certify that the statements made on both pages of this application are true to the best of my knowledge.

Signature

Date

Signature

Date