

# Bradley Hills Presbyterian Church Nursery School Scholarship Application

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Person(s) Financially Responsible for Tuition \_\_\_\_\_

Number of Other Dependent Children/Others \_\_\_\_\_

Family Monthly Income (gross, from all sources) \$ \_\_\_\_\_

DEDUCT Payroll Taxes (Federal, State, Local, FICA) \$ ( \_\_\_\_\_ )

Monthly Income NET of Taxes \$ \_\_\_\_\_

Please list Monthly Financial Obligations:

Housing	\$ _____	Clothing	\$ _____
Utilities	\$ _____	Other Loans	\$ _____
Groceries	\$ _____	Other (List)	\$ _____
Insurance	\$ _____		
Other Tuition	\$ _____		
Credit Cards	\$ _____		
Automotive	\$ _____		
Medical	\$ _____	Total Monthly Expenses	\$ _____

Unusual expenses, financial circumstances or other pertinent information as to why you are requesting assistance. \_\_\_\_\_

How many months do you anticipate that you will need financial aid? \_\_\_\_\_

What monthly amount are you able to pay towards tuition? \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Use of BHPCNS Only	
Date Application Received _____	Class Child will Attend _____
Approved _____ Date Approved _____ Monthly Amount of Tuition Assistance _____	

Information is strictly confidential and will not be given to any individual or group other than the committee directly concerned with awarding financial aid for the school.

*Scholarship Applications must be submitted each school year*