**GOOD SHEPHERD**

**EARLY CHILDHOOD CENTER**

**The Presbyterian Church**

**25 North Broadway**

**Irvington-on-Hudson, New York 10533**

**(914) 591-4104**

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

Dear Parent:

Enclosed is the scholarship application form from Good Shepherd E.C.C. for the school year 2023-24. Please fill out and return along with a copy of the first two pages of your 2022 1040 Federal Tax Return.

The Scholarship Committee meets in mid-May. You will be notified following that meeting. Your child(ren)’s space will be held until the committee meets.

Our Scholarship Committee bases its decision on the needs of the families and on the availability of our scholarship funds. Priority is given to children in the older classes.

Be assured that all scholarship information is kept confidential.

All parents must reply regarding their acceptance or rejection of the scholarship within two weeks of notification. The required deposit must be paid at this time, if the scholarship is accepted, in order for us to continue reserving the space.

Recipients are asked to volunteer some of their time to the School.

If you have any questions please contact the Director of Good Shepherd, Mandy Landivinec ([mandy.landivinec@irvingtonpresbychurch.org](file://tsipc/HomeDrives$/blaine.crawford/Desktop/mandy.landivinec@irvingtonpresbychurch.org)).

Sincerely,

Scholarship Committee

**Good Shepherd Early Childhood Center**

## SCHOLARSHIP APPLICATION 2023-24

Sessions applied for:

**2’s -** 2 AMs/week \_\_\_\_\_\_, or 3 AMs/week \_\_\_\_\_, or 5 AMs/week \_\_\_\_\_,

**3’s -** 3 AMs/week \_\_\_\_\_\_, or 5 days/week \_\_\_\_\_,

**4’s** - 5 AMs/week \_\_\_\_\_\_, or 5 days/week\_\_\_\_\_\_.

**All applications must be accompanied by your 2022 1040 Federal Tax Return Form (2 pages)**

# *All information on these forms will be kept confidential*

1. Full name of child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please list all other dependents:  
  
Name Relation  
   
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3. Please list any financial circumstances such as illness, medical costs,

housing issues, separation arrangements, debt, etc.:  
  
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4. Please indicate the amount of tuition you can pay: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Amount of Scholarship aid requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the best of our knowledge the above is correct.**

**Signature of parent(s) or guardian:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**