



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 Tuition Assistance application form from Good Shepherd E.C.C. for the school year 2018-2019. Please fill out and return along with a copy of your 2017 1040 Federal Tax Return.

The Scholarship Committee meets regularly and you will be notified about tuition assistance following that meeting. Your child(ren)'s space will be held until the committee meets.

Our Scholarship Committee bases its decision on the information you provide and on the availability of our Tuition Assistance 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 aid within two weeks of notification. The required deposit must be paid at this time, if assistance is accepted, in order for us to continue reserving the space.

If you have any questions please call.

Sincerely,

Scholarship Committee

Good Shepherd Early Childhood Center

APPLICATION FOR TUITION ASSISTANCE

Sessions applied for:

Year applied for _____

2's 2 days/week _____

3's 3 days/week _____

3's 5 days/week _____

4's 5 days/week _____

ALL applications must be accompanied by 1040 forms
ALL information on these forms will be kept confidential

1. Full name of child(ren) _____

2. Date of birth _____

3. Street address _____ Phone _____

4. City _____ State _____ Zip Code _____

5. Father's Name _____ Occupation _____

Business Address _____

Phone _____

6. Mother's Name _____

7. Mother's occupation _____

Business Address _____

Phone _____

8. Dependents (please list all other children in family)

Name	Age	School or College	Tuition paid by parent	Financial aid received
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9. Please list other dependents on financial support from family.

Name (and relationship to child(ren))	Age	Check if living with family
_____	_____	_____
_____	_____	_____

10. Expenses: Monthly rent or equivalent costs \$ _____
Special medical expenses not covered by insurance \$ _____
Child care \$ _____
Transportation \$ _____
Entertainment, trips, vacation, etc. \$ _____
Tax Deductible contributions eg/church \$ _____
Indebtedness (describe) \$ _____

Total Expenses: \$ _____

11. Property:
Do you own a home () an apartment ()
Do you own an automobile () year () and make _____

12. Income: Please give amounts BEFORE deductions for taxes, etc. for the past tax year.
Father's earned annual income \$ _____
Father's additional annual income \$ _____
Mother's earned annual income \$ _____
Mother's additional annual income \$ _____
Other family income (eg. from property, savings,
alimony, child support) \$ _____
Describe: _____
Total Income: \$ _____

13. Please enter the following from your most recent Federal and State Income Tax returns:

1. Adjusted Gross Income \$ _____
2. Total Deductions \$ _____
3. Taxable Income \$ _____

What do you expect to be the total family income during the 2018 tax year?

Expected total family income: \$ _____

14. Please list any financial circumstances such as illness, special housing problems, separation arrangements, etc:

16. Please indicate the amount of tuition you feel able to pay: \$ _____
Please indicate if you will need a special payment plan:
Yes ____ No ____

17. Are there other persons, or agencies, who would be able to contribute toward your child's educational costs? _____
Child support _____
Other support _____

If so, please describe

18. If you wish to add anything to this application, please feel free to write a statement below or on an attached sheet.

19. Amount of Scholarship aid requested: \$ _____

To the best of our knowledge the above is correct.

Signature of parent(s) or guardian:

Date: _____

Date: _____