

*A Program of Youth & Family Engagement at Central Synagogue*

# May Family Nursery School



## Application for Scholarship 2017-18

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/ Guardian #1 \_\_\_\_\_ Parent/ Guardian #2 \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Gross Income \_\_\_\_\_ Gross Income \_\_\_\_\_

Please attach a photocopy of your prior two years income tax return and W-2, proof of rent and other related expenses in order for the application to be considered.

Apartment: Rental \_\_\_\_\_ Amount \_\_\_\_\_  
Cooperative/Condo \_\_\_\_\_ Maintenance \_\_\_\_\_

Do you own/lease a car? Y / N Expense: \_\_\_\_\_ Do you own a second home? Y / N Expense: \_\_\_\_\_

Other sources of income: \_\_\_\_\_

Other children in family:

1. \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Are you receiving scholarships from the above listed school(s)? Y / N Amount: \_\_\_\_\_

What is the amount of financial assistance that is being requested (Dollar amount or Percentage)

\_\_\_\_\_

Are there any special circumstances that make it important for a scholarship to be granted?

Be as specific as possible \_\_\_\_\_

\_\_\_\_\_

Please check one:  Applying to May Family Nursery School  Currently enrolled in the May Family Nursery School

Please be aware that scholarship aid is granted on a one-year-at-a-time basis and is subject to reapplication each year; there is no guarantee of continuing aid and each application will be considered on its current merits. Also be advised that the Synagogue reserves the right to verify this information through a credit service if necessary.

Parent/Guardian # 1 Signature: \_\_\_\_\_ Parent/Guardian #2 Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

***Please send this completed form and accompanying documents no later than January 3, 2017 to:***

Financial Aid Committee  
May Family Nursery School, Central Synagogue  
123 E 55<sup>th</sup> Street  
New York, NY 10022