SCHOLARSHIP APPLICATION 2017-2018



Instructions: Please consult the "Scholarship Guidelines" in the Parent Handbook. Please fill out this form completely.

Child's Name: Child's Class at WPELC:		Birthdate:	
		Monthly Tuition:	Monthly Tuition:
	T		
Parent/ Guardian	Name:		
Guarulan	Address:		
	Home Phone:	Work Phone:	
	Occupation:		
	Employer:		
	Length of Employment:		
Parent/	Name:		
Guardian	Address:		
	Home Phone:	Work Phone:	
	Occupation:		
	Employer:		
	Length of Employment:		
	1		
Parents' M	arital Status:		
		ur family (provide names and ages):	

GROSS MONTHLY INCOME

1.	Wages (before taxes or other deductions)	
2.	Net Self-employment Income (as would be reported on income tax return Schedule C, divided by 12)	
3.	Monthly income and dividends, interest, bonuses, profit-sharing plans, pensions, etc.	
4.	Monthly income from child support, alimony, rental income or settlements	
5.	Monthly income from Social Security or disability payments or other Governmental assistance (please specify)	
	TOTAL GROSS MONTHLY INCOME (sum lines 1-5)	

MONTHLY EXPENSES AND LIABILITIES (average per month)

1.	Mortgage (PITI) or Rent (circle one)	
2.	Taxes	
3.	Utilities	
4.	Food	
5.	Medical/Dental	
6.	Insurance (life, auto, health, home - not included in PITI)	
7.	Child support, alimony or maintenance	
8.	Car payment	
9.	Child care	
10.	Liabilities exceeding \$50 (for mortgage only include balance):	

	Creditor	Item	Balance	Mo. Payment
a.		mortgage		see 1 above
b.				
c.				
d.				
e.				
	Total Monthly Payments (lines b-e)			

TOTAL MONTHLY EXPENSES	
(sum lines 1-10)	

ASSETS (current values)

1.	Checking Account balance
2.	Saving Account balance
3.	Retirement Account balance
4.	Stock and Mutual Funds
5.	Market Value of Home
6.	Personal Property (cars, etc.)
7.	Other Property or Assets (describe and give their value)

	Description	Value
a.		
b.		
c.		
d.		
e.		

SPECIAL CIRCUMSTANCES

1. Are there any special expenses you wish the Scholarship Committee to consider (e.g., extraordinary medical or educational expenses, etc.)? Please use the back of page if needed.

2. Is there any situation that you would want us to be aware of in considering your family for scholarship (e.g., single parent, divorce, recent move, illness, length of unemployment, etc.)? Please use back of page if needed.

the change immediately.	
	Date
(Parent/Guardian's signature)	
	Date
(Parent/Guardian's signature)	
Please attach a copy of your most recent tax return (1 application and tax return in a <u>sealed</u> envelope to:	040 form only) and return the completed
Washington Park Early Learning Center	
Attn: Treasurer	
400 S. Williams St., Ste. A	
Denver, CO 80209	
Please see the WPELC Parent Handbook & Bylaws for Guidelines and Process.	for more information on Scholarship

I certify that I have completed this application to the best of my knowledge and that it is true, complete and accurate as of the date signed below. If I am awarded financial aid and my financial situation changes at any time, I agree to notify the Scholarship Committee of

All information is kept confidential by the Treasurer and Scholarship Committee