



**Harpswell Community Nursery School
Application for Tuition Scholarship
2008-2009 School Year**

Student's Name:		Date of Birth:
Address:		
City:	State:	Zip:
Guardian Name(s): <input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other_____		
Address (if different from above):		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:		

How many days per week does your child attend or plan to attend HCNS if not currently enrolled?
(please check all that apply):

- 2 days (MW) 3 days (MWF) Extended Day(lunch bunch)

Have you previously received any HCNS tuition assistance scholarship(s)? Yes No

Income Eligibility Guidelines: *

Parents are expected to pay a portion of their child's tuition based on the *gross income (before taxes) sliding fee scale listed below*. Tuition scholarships will be confidential between the preschool tuition scholarship committee, the family, and the preschool. Payment will be made directly to the preschool. Both the family and the preschool will be notified of the outcome of the application.

Household Members (including dependents)	75% Scholarship			50% Scholarship			25% Scholarship		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly	Annual	Monthly	Weekly
2	25,327	2,111	488	31,659	2,639	610	39,573	3,298	763
3	31,765	2,648	611	39,706	3,310	764	49,633	4,138	955
4	38,203	3,184	735	47,754	3,980	919	59,692	4,975	1,148
5	44,641	3,721	859	55,801	4,651	1,074	69,752	5,814	1,342
6	51,079	4,257	983	63,849	5,321	1,229	79,811	6,652	1,536
7	57,517	4,794	1,107	71,896	5,993	1,384	89,870	7,491	1,730
8	63,955	5,330	1,230	79,944	6,663	1,538	99,930	8,328	1,922
Tuition/ Month	TTH		MWF	TTH		MWF	TTH		MWF
	\$43		\$60	\$85		\$120	\$128		\$180

*Pending scholarship funding availability.

Household Information & Income

Household is a Single parent/guardian Dual parent/guardian

Number of family/members in your household _____

(A "household" includes all persons living at the same address and/or all persons for whom the head of household claims financial responsibility.)

Names and Ages of All Family Members

Does your household receive any public assistance? Yes No
 (such as Aid to Families with Dependent Children (AFDC), food stamps, WIC, Head Start, housing subsidies, and other benefits or subsidies paid by federal, state, or local governments)

Gross (before taxes) household income from previous year's tax return: _____

Please indicate current gross (before taxes) income monthly, weekly, or hourly income: _____

If hourly, please indicate number of hours per week: _____

Additional Considerations: (optional)

Please provide statement or explain any unusual expenses or circumstances you have that may help support your need for a scholarship (for example, unusual medical expenses, special needs of a child or adult). Attach additional page if needed.

*I (We) _____ declare that the information reported is true, correct, and complete and that I will notify Harpswell Community Nursery School should there be notable changes either in household status or income. I (We) agree to provide, **if requested**, any further information or necessary documentation to support the information reported.*

Applicant's Signature	Date:
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If you have any questions about tuition assistance scholarships please call the HCNS Office at 833-8037.

Completed applications should be returned to:

**Harpswell Community Nursery School
 917 Harpswell Neck Road
 Harpswell, ME 04079**

ATTN: Scholarship Committee

Scholarship Committee Use

Scholarship funds are <input type="checkbox"/> available <input type="checkbox"/> not available		Applicant <input type="checkbox"/> meets <input type="checkbox"/> does not meet Income Guidelines	
Previous scholarship(s) granted			
Year	Days/Week or Extended Day	Scholarship Level (25%, 50% or 75%)	
Scholarship <input type="checkbox"/> approved <input type="checkbox"/> not approved by Scholarship Committee on: _____			Not approved for the following reason:
Scholarship level approved: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> Other:			
Scholarship Committee Signature:			
Director notified <input type="checkbox"/> Date:		Family notified <input type="checkbox"/> Date:	