

## Cedar Lane Nursery School Scholarship Application

Every year, Cedar Lane Nursery School is able to offer a limited number of scholarships to families in need. All scholarships are partial, covering a portion of tuition costs, and are dependent on the financial need of the family. In order to request a scholarship, families must complete the following application and submit their tax return for the prior year and pay stubs from the past month if there has been a change in income since the previous tax year.

Families receiving scholarships must be able to fully participate in all school co-op responsibilities. Preference will be given to currently enrolled families or alumni who are facing difficult times.

In addition to tuition, scholarships may also cover a portion of the cost of associated school fees, summer camp, lunch bunch and the extended day program as determined by the Scholarship Committee. Summer camp scholarships are only open to students who currently attend CLNS during the school year.

### ELIGIBILITY

CLNS uses income guidelines from the Montgomery County Housing Opportunity Commission (HOC) voucher program as a reference for scholarship eligibility. For families exceeding the income guidelines, the CLNS Board of Directors will consider their applications if there are extenuating circumstances.

Income guidelines: <http://www.hocmc.org/extra/44-housing-choice-voucher-income.html>

Family Size	Annual Income
Family of 2	\$43,450
Family of 3	\$48,900
Family of 4	\$54,300
Family of 5	\$58,650
Family of 6	\$63,000

(updated January 2017, see [hocmc.org](http://www.hocmc.org) for current guidelines)

Please complete and return this form in a sealed envelope (separate from the admissions application) to the attention of the school director. All information will be treated as strictly confidential. Applications are reviewed, and scholarship decisions are made, by a committee of the Board of Directors. Upon approval, information about the scholarship will be shared with the assistant treasurer for invoicing purposes.

Application fees will be credited toward future monthly tuition payments once all school requirements for the cooping parents are met.

If there is a significant change in the financial situation of the scholarship recipient, the recipient must notify the CLNS Director of this change, so that the Scholarship committee can evaluate the continuing need for the scholarship.

In case of any questions, please contact CLNS Director Bernadine Occhiuzzo at 301-564-1680

Legal Disclaimers:

- Admission to CLNS and access to scholarship assistance shall not be restricted by race, ethnicity, color, national origin, religion, gender, or sexual orientation.
- Scholarship recipients and amounts are determined in the sole discretion of the CLNS Board. The decision of the Board is final.
- The submission of false or fraudulent information on the application will result in immediate cessation of scholarship funds and the recipient will be required to repay all funds received plus any legal fees and damages.
- Scholarships can be revoked with 30 days written notice to the listed address of the scholarship recipient at the sole discretion of the CLNS Board.
- CLNS Board and Scholarship Committee accept no responsibility for maintaining confidentiality of the information submitted as part of the application process.
- Scholarship guidelines and application are subject to change at the Board's sole discretion.

**CEDAR LANE NURSERY SCHOOL SCHOLARSHIP APPLICATION**

This application is for CLNS school year \_\_\_\_\_

Name of Student 1 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of Student 2 (sibling) \_\_\_\_\_ Date of birth \_\_\_\_\_

Class: TWO \_\_\_\_\_ TWO/THREE \_\_\_\_\_ THREE \_\_\_\_\_ FOUR/FIVE \_\_\_\_\_

Parent/Guardian Name(s):

A) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

B) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Parent/Guardian A's occupation \_\_\_\_\_ Current annual gross income \_\_\_\_\_

Parent/Guardian B's occupation \_\_\_\_\_ Current annual gross income \_\_\_\_\_

Do you have any other sources of income? If so, please specify annual amounts

Rental property \_\_\_\_\_

Interest from savings, bonds, IRA's, trusts, etc. \_\_\_\_\_

Gifts \_\_\_\_\_

Alimony and Child Support \_\_\_\_\_

Other (explain) \_\_\_\_\_

Total Annual Income \_\_\_\_\_

Do you have substantial savings, bonds, trusts, etc. (over \$3,000)? If so, please state amount.

\_\_\_\_\_

What are your annual family expenses?

Medical \_\_\_\_\_

Mortgage/rent \_\_\_\_\_

Other childcare expenses \_\_\_\_\_

Education \_\_\_\_\_

Car loan/s \_\_\_\_\_

How many family cars? \_\_\_\_\_ Year of car/s? \_\_\_\_\_

Utilities (heat, gas, electric, water) \_\_\_\_\_

Other (please list and explain) \_\_\_\_\_

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Total major expenses \_\_\_\_\_

Summary: TOTAL GROSS INCOME \_\_\_\_\_

(from line 22 of IRS 1040 form)

TOTAL FAMILY SIZE \_\_\_\_\_

(from line 6d of IRS 1040 form)

For what additional school programs are you interested in applying for a scholarship?

Summer camp \_\_\_\_\_ Lunch Bunch \_\_\_\_\_ Extended Day \_\_\_\_\_

What is the maximum amount that you can pay in order for your child to attend CLNS including tuition and additional programs if applicable? \_\_\_\_\_

Please describe any extenuating circumstances or financial obligations that you would like us to consider: (e.g., medical/disability; recent unemployment or underemployment; or if your rent/mortgage is more than 50% of your monthly costs), these should be indicated below.

PLEASE SUBMIT A COPY OF YOUR MOST RECENT INCOME TAX RETURN AND A RECENT PAY STUB WITH THIS APPLICATION.

Thank you.

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I hereby attest that all of the information I have provided is complete and accurate to the best of my knowledge. I will notify the CLNS director of any significant changes in our family's financial situation as they occur.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_