

SCHOLARSHIP APPLICATION

MOSHOLU MONTEFIORE COMMUNITY CENTER
3450 Dekalb Avenue, Bronx, New York 10467
718-654-0563

CO-OP CITY BRANCH

**CHILD DEVELOPMENT CENTER
ANNEX**

ROCHAMBEAU

NORTHSIDE ANNEX

NORWOOD NURSERY

HUTCHINSON RIVER

SCHOLARSHIP APPLICATION

Family Name _____ Date _____

Child's Name _____ Child's Date of Birth _____

Address _____ Home Tel. _____

of Children in Family _____ # of Persons in Household _____

Father's Name _____ Occupation _____ Work Tel. _____

Mother's Name _____ Occupation _____ Work Tel. _____

Gross Annual Income for Past Year _____ Income: Weekly _____ Bi-Weekly _____

Other Income, Pensions, Social Security, S.S.I., Child Support, etc. _____

Rent \$ _____ per month Total of all Savings Account \$ _____

Automobile _____ Year _____

Unusual Expenses (include item/amount) _____

Food Stamps # _____ ADC# _____

Transitional Benefits _____ Medicaid: Yes _____ No _____

Parent's Signature

IMPORTANT NOTE

This form must be accompanied by corroborating information including most recent W-2, 1040 forms, paycheck stubs, child support, agreement, rent receipt, court orders (divorce, separation papers), and public assistance award letter, budget, and/or a copy of the check.

Your application will not be processed without the above material. Please complete information and return to this office as quickly as possible.

Financial Aid Assistance Checklist

Please insert a check next to the items handed in. Asterisk* denotes information that is mandatory. A financial aid application cannot be handed in without it.

_____ *1040 (if applicant has not filed yet his/her scholarship is contingent upon receiving this. Also, last years W-2 must be handed in as a temporary substitute until 1040 form is handed in. If applicant has not yet received W-2 form they must hand in December's last paycheck stub as a temporary substitute.)

_____ (a) W-2 form

_____ (b) December's last paycheck stub

_____ * W-2 form (preceding years and most current year)

_____ * Most recent paycheck stubs

_____ Child Support Agreement

or

_____ Notarized letter stating parent receiving no monetary support

_____ Recent Receipt(s) (copy of the lease)

_____ Court Orders (divorce, separation papers)

_____ Public Assistance Award Letter (if applicable)

_____ Public Assistance Budget Sheet and/or copy of the check (if applicable)

_____ Unusual expenses (copies of bills). This includes any outstanding medical bills for mandatory medical care. This does not include charge account, state suits, etc.

PLEASE NOTE: Your application will not be processed without the above material. Please insure that you have handed in copies of the required documentation at the time you apply. We will take no responsibilities if you submit the original documents.

Scholarship Review Process

Date Application Reviewed _____ Scholarship Amount _____

Program _____ Period Scholarship Covers _____

Interest Card Included _____ Two Copies Received _____