



**Institute for Advanced Study Scholarship Fund  
2021-2022 APPLICATION FOR SCHOLARSHIP ASSISTANCE  
For Nursery School and Pre-School**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FAMILY INFORMATION:** Give information about both parents, or any other person who is financially responsible for the child. If information for a parent is not available, please explain on last page.

1. Mother/Parent 1 Name \_\_\_\_\_

Address (Street/City, State and Zip) \_\_\_\_\_

\_\_\_\_\_

IAS Department \_\_\_\_\_

Position \_\_\_\_\_

Bi-weekly  Monthly

Other Employer, School or Training Program \_\_\_\_\_

Position \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

2. Father/Parent 2 Name \_\_\_\_\_

Address (Street, City, State and Zip) \_\_\_\_\_

\_\_\_\_\_

IAS Department \_\_\_\_\_

Position \_\_\_\_\_

Bi-weekly  Monthly

Other Employer, School or Training Program \_\_\_\_\_

Position \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

3. If either parent is currently not employed, please explain why child care is needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



4. Information on child(ren) attending pre-school:

**Child one**

Name of child: \_\_\_\_\_

School information (name, address, phone)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child two**

Name of Child: \_\_\_\_\_

School information (name, address, phone)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please give the following information about your *other* children and dependents:

| <u>Name</u> | <u>Age</u> | <u>Name of Child Care,<br/>After school program,<br/>School or College</u> | <u>Estimated<br/>Cost</u> | <u>Estimated<br/>Financial<br/>Aid</u> | <u>Your<br/>Estimated<br/>Contribution</u> |
|-------------|------------|--|---------------------------|--|--|
| _____       | _____      | _____  | _____                     | _____                                  | _____                                      |
| _____       | _____      | _____  | _____                     | _____                                  | _____                                      |
| _____       | _____      | _____  | _____                     | _____                                  | _____                                      |

**FINANCIAL INFORMATION**

**Income:** You must attach your 2020 federal income tax return(s) and W-2 statement(s) for U.S. income, or similar documentation for non-U.S. earnings

|  |  | 2021     | Estimated<br>2022 |
|--|--|----------|-------------------|
| 1. Income earned from work                                 | Mother/Parent 1                                | \$ _____ | \$ _____          |
|  | Father/Parent 2                                | \$ _____ | \$ _____          |
| 2. Interest/dividend income                                |  | \$ _____ | \$ _____          |
| 3. Other taxable income                                    | List sources                                   |          |                   |
|  | a. _____                                       | \$ _____ | \$ _____          |
|  | b. _____                                       | \$ _____ | \$ _____          |
|  | c. _____                                       | \$ _____ | \$ _____          |
| 4. Untaxed income:   |  |          |                   |
|  | a. 401K and other pension contributions        | \$ _____ | \$ _____          |
|  | b. Dependent care and medical expense accounts | \$ _____ | \$ _____          |
|  | c. Other: _____                                | \$ _____ | \$ _____          |
| 5. Graduate stipend  |  | \$ _____ | \$ _____          |
| 6. Graduate Assistantship (if not included above as wages) |  | \$ _____ | \$ _____          |



**Assets**

1. Savings (include money market funds, CDs, trust, bonds, etc.) \$\_\_\_\_\_

|  | <u>Value</u> | <u>Amount Owed</u> |
|--|--------------|--------------------|
| 2. Home (year purchased _____)   | \$_____      | \$_____            |
| 3. Other investments (include stocks and real estate other than home equity) | \$_____      | \$_____            |

**Expenses and other information**

- |  |               |
|--|---------------|
| 1. 2020 medical expenses not covered by insurance                              | \$_____       |
| 2. Parents' students loans currently in repayment                              | \$_____/month |
| 3. Rent or mortgage payment  | \$_____/month |
| 4. Other debt (explain:_____)  | \$_____/month |
| 5. Assistance from parents, relatives, and other sources                       | \$_____/month |
| 6. Amount you currently pay for this child's day care (if any)                 | \$_____/month |
| 7. Amount you believe you can pay for this child's day care costs in 2020-2021 | \$_____/month |

**SIGNATURES**

To the best of our knowledge the information reported above is true. We have attached our 2020 tax return(s) and W-2 statement(s). We understand that if our financial situation changes during the current year, we must notify PACF so that our financial eligibility can be re-evaluated.

\_\_\_\_\_  
 Mother/Parent 1 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Father/Parent 2 Signature

\_\_\_\_\_  
 Date

If both parents have not signed above and provided income information, please explain (attach a separate sheet).