Guidelines and Cover Instructions for Application for Nursery School Scholarship Assistance for Benefits-Eligible Staff 2015-16

Guidelines:

1. The support will be based on a financial sliding scale and will be made payable to the pre-school or nursery school.

2. The scholarships are for children enrolled in licensed pre-school and child care facilities such as (but not limited to) Crossroads, UNOW, and Harmony schools.

3. If the child resides in a household with two parents, except in limited circumstances beyond the control of the parents as determined by PACF, each parent must be employed for monetary compensation at least 25 hours per week.

4. If the child resides in a household with one parent, the parent who is employed by the Institute must have primary custody of the child (50% or greater).

5. Children who are at an age that would enable them to enroll in public schools are not eligible for the scholarship awards.

6. This scholarship support is intended to assist parents who each work a minimum of 25 hours per week, Monday through Friday, between the hours of 7:00 AM and 6:00 PM.

Instructions:

1. For scholarship assistance beginning July 1, 2015, please complete application and return with necessary financial documentation to: Princeton Area Community Foundation (the Administrator), 15 Princess Road, Lawrenceville, NJ 08648 no later than May 15, 2014.

2. Questions should be directed to PACF at 609-219-1800.

3. Applications for scholarship assistance can be submitted at any time and need to be submitted by the first day of a month for consideration of scholarship assistance for the following month (e.g. by February 1 for possible assistance effective March 1).

4. Applications will be required to be updated annually and whenever the parents’ financial situation or the school situation changes.
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 #: ______________ Hrs. worked weekly ______

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 #: ______________ Hrs. worked weekly ______

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

15 Princess Road, Lawrenceville, NJ 08648 Tel: 609-219-1800 Fax: 609-219-1850
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Name of Child Care, After school program, School or College</th>
<th>Estimated Cost</th>
<th>Estimated Financial Aid</th>
<th>Your Estimated Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FINANCIAL INFORMATION

Income: You must attach your 2014 federal income tax return(s) and W-2 statement(s) for U.S. income, or similar documentation for non-U.S. earnings

1. Income earned from work
   Mother/Parent 1 $_____ $_____
   Father/Parent 2 $_____ $_____

2. Interest/dividend income $_____ $_____

3. Other income
   List sources
   Including but not restricted to Alimony or child support
   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.) $_______

<table>
<thead>
<tr>
<th>Value</th>
<th>Amount Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_______</td>
<td>$_______</td>
</tr>
</tbody>
</table>

2. Home (year purchased _______)
3. Other investments (include stocks and real estate other than home equity $_______ $_______

**Expenses and other information**
1. 2015 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

**SIGNATURES**

To the best of our knowledge the information reported above is true. We have attached our 2014 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

_______________________________________________
Father/Parent 2 Signature

If both parents have not signed above and provided income information, please explain below (attach a separate sheet if needed).
## Monthly Family Contribution Based on Gross Income
### Guideline for Nursery School Financial Aid 2015-16

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Family contribution</th>
<th>Family contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With one child</td>
<td>With two children</td>
</tr>
<tr>
<td>0 – 40,000</td>
<td>445</td>
<td>615</td>
</tr>
<tr>
<td>40,000 – 45,000</td>
<td>495</td>
<td>670</td>
</tr>
<tr>
<td>45,000 – 50,000</td>
<td>550</td>
<td>720</td>
</tr>
<tr>
<td>50,000 – 55,000</td>
<td>665</td>
<td>830</td>
</tr>
<tr>
<td>55,000 – 60,000</td>
<td>770</td>
<td>995</td>
</tr>
<tr>
<td>60,000 – 65,000</td>
<td>895</td>
<td>1115</td>
</tr>
<tr>
<td>65,000 – 70,000</td>
<td>1005</td>
<td>1220</td>
</tr>
<tr>
<td>70,000 – 75,000</td>
<td>1060</td>
<td>1340</td>
</tr>
<tr>
<td>75,000 – 80,000</td>
<td>1120</td>
<td>1390</td>
</tr>
<tr>
<td>80,000 – 85,000</td>
<td>1220</td>
<td>1505</td>
</tr>
<tr>
<td>85,000 – 90,000</td>
<td>1340</td>
<td>1620</td>
</tr>
<tr>
<td>90,000 – 95,000</td>
<td>1465</td>
<td>1800</td>
</tr>
<tr>
<td>95,000 – 100,000</td>
<td>1580</td>
<td>1910</td>
</tr>
<tr>
<td>100,000 – 110,000</td>
<td>1700</td>
<td>2140</td>
</tr>
<tr>
<td>110,000 – 120,000</td>
<td>1850</td>
<td>2250</td>
</tr>
<tr>
<td>120,000 – 130,000</td>
<td>2000</td>
<td>2430</td>
</tr>
</tbody>
</table>