Guidelines and Cover Instructions for Application for Nursery School Scholarship Assistance for Benefits-Eligible Staff 2019-20

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, 2019, 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, 2019.

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.
Institute for Advanced Study Scholarship Fund
2019-20 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) ______________________________________
   ___________________________ __________________________
   □ Bi-weekly □ Monthly
   IAS Department           Position
   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)  _______________________________________________________________
   ___________________________ __________________________
   □ Bi-weekly □ Monthly
   IAS Department           Position
   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 Financial Contribution</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**FINANCIAL INFORMATION**

**Income:** You must attach your 2018 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. 2018 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 2018 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 below (attach a separate sheet if needed).
### Monthly Family Contribution Based on Gross Income

**Guideline for Nursery School Financial Aid 2019-20**

<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>