

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.

Princeton Area Community Foundation

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with causes that matter
across central new jersey

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) _____

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:

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, After school program, School or College</u>	<u>Estimated Cost</u>	<u>Estimated Financial Aid</u>	<u>Your Estimated Contribution</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

		2018	Estimated 2019
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.)\$_____

	<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. 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

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