## Scholarship Application Ralph Waldo Emerson School for Preschoolers

School Year for Which Applying	g (e.g., 2014-2015)	
Child's Name		Birthdate
Street Address		
City	State	Zip Code
Phone Number	E-Mail Address	
Parent/Guardian's Name		
Address(if different than child's)  Phone Number (if different than		
Parent/Guardian's Name	,	
Address (if different than child's)		
Phone Number (if different than	child's)	
Child lives with (circle one): Bo	oth parents/Mother/Fath	er/Guardian/Other (name
and relationship)		
Child's Siblings (names/ages):		
-		
-		
-		

Any other children in household (list names, ages, and relationship):		
Which class is child enrolling in? (circle one) T/Th.; MWF a.m.; MWF p.m.		
Has your child previously attended Emerson?		
If so, when?		
Has your child previously attended another preschool?		
If so, when and where?		
Have any other children in your family attended Emerson?		
If so, list names and dates:		
What do you hope your child will gain from attending Emerson?		

## FINANCIAL INFORMATION

This information is used solely to award scholarships and will remain confidential.

Parent/Guardian's information:		
Currently employed? If so, employer:		
Employed full-time or part-time? Work phone number		
Monthly take-home pay:		
Parent/Guardian's information:		
Currently employed? If so, employer:		
Employed full-time or part-time? Work phone number		
Monthly take-home pay:		
Are either or both parents/guardians presently enrolled in school?		
If so, full-time or part-time?		
School(s):		
Is/are parent(s)/guardian(s) receiving financial assistance with tuition?		
Will one or both parent(s)/guardian(s) be enrolled in school during school year for which Emerson scholarship is sought?		

Please list and explain any other regular sources of household income (e.g., child or spousal support payments, disability, etc.), including amount.
Please list and explain any regular financial obligations incurred by the household (e.g., mortgage, rent, motor vehicle payments, child/spousal support payments, tuition, etc.), including amount.
Please describe any other special financial circumstances affecting the family's budget.

stamps, AFDC, Medicaid, Social Security, une fuel assistance? If yes, please list.	
How much tuition do you feel your family can	afford to pay each month?
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Please describe any other factors or circumstan scholarship application.	ces you feel are relevant to your
	_
I verify that the above information is true and a agree to provide documentation to confirm final	•
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date