

Toll Gate Christian Nursery School

Tuition Assistance Scholarship Application

1) Student Information

Student Name _____

DOB _____

Address _____

2) Parent/Guardian Information

Parent/Guardian Name _____

Home Address _____

Phone _____ Email _____ Occupation _____

Employer _____

Gross Annual Income _____

Parent/Guardian Name _____

Home Address _____

Phone _____ Email _____ Occupation _____

Employer _____

Gross Annual Income _____

Have you previously received TGCNS tuition assistance scholarship?

Yes _____ No _____

3) Financial Information

Person(s) responsible for tuition _____

Number of other dependent children/other _____

Family net income after _____

Please list monthly financial obligations:

How many months do you anticipate that you will need financial assistance? _____

What monthly amount are you able to pay toward tuition?

1/4 _____ 1/2 _____ 3/4 _____

Please attach copy of most recent tax return with SS# blacked out.

4) Special Consideration _____

Please provide statement or explain any unusual expenses or extenuating circumstances you have that may help support your need for a scholarship (for example: unusual medical expenses, financial or employment circumstances, special needs of a child or adult, etc.)

5) Signature _____

I declare that the information reported is true, correct and complete and that I will notify TGCNS should there be notable changes either in household status or income. I agree to provide, if requested, any further information or necessary documentation to support the information requested.

Applicant's Signature _____ Date _____

Information is strictly confidential and will not be given to any individual or group other than committee directly concerned with awarding tuition assistance for the school. Scholarship amounts

awarded are based on number of applicants, available funds, and applicant need. They are not renewable. ***Tuition Assistance Scholarship Applications must be submitted prior to each school year for upcoming school year's enrollment. Applications should be submitted no later than April 1st for the following school year.***

Completed applications should be returned to:

Toll Gate Christian Nursery School
Groton Bible Chapel
66 Toll Gate Rd.
Groton, CT 06340

*****For TGCNS Use Only*****

Date Application Received_____

Class Child Will Attend_____

Previous TGCNS Tuition Assistance Granted:

Year_____ Class Attended_____

Assistance level_____

Approved: Yes_____ N_____

Monthly Amount of Tuition Assistance_____