



Bradley Hills Presbyterian Church Nursery School

Tuition Assistance Scholarship Application

1. Student Information

Student Name _____ Date of Birth _____

Address _____

2. Parent/Guardian's Information

Parent/Guardian #1 Name _____

Home address _____

Telephone _____ Email _____ Occupation _____

Employer _____ Gross Annual Income _____

Parent/Guardian #2 Name _____

Home address _____

Telephone _____ Email _____ Occupation _____

Employer _____ Gross Annual Income _____

Have you previously received any BHP CNS tuition assistance scholarship(s)? Yes ___ No ___

3. Financial Information

Person(s) Financially Responsible for Tuition _____

Number of Other Dependent Children/Others _____

Family Monthly Income (gross, from all sources) \$ _____

DEDUCT Payroll Taxes (Federal, State, Local, FICA) \$ (_____)

Monthly Income NET of Taxes \$ _____

Please list Monthly Financial Obligations:

Housing \$		Insurance \$	
Utilities \$		Credit Cards \$	
Groceries \$		Medical \$	
Automotive \$		Other (List) \$	
Clothing \$			
Other Tuition \$			
Other Loans \$			
		Total Monthly Expenses \$	

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

What monthly amount are you able to pay towards tuition? \$ _____

***** Please attach a copy of your most recent federal tax return. We request that you black out your social security number on tax forms before sending them to the Scholarship Committee *****

4. Special Consideration (optional)

Please provide statement or explain any unusual expenses or circumstances you have that may help support your need for a scholarship (for example; unusual medical expenses, financial circumstances, special needs of a child or adult). Attach additional page if needed.

5. Signature

I declare that the information reported is true, correct, and complete and that I will notify Bradley Hills Presbyterian Church Nursery School (BHPCNS) 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 reported.

Applicant's Signature _____ Date _____

Information is strictly confidential and will not be given to any individual or group other than the committee directly concerned with awarding tuition assistance for the school. Scholarship amounts awarded are based on number of applicants, available funds and applicant need. *Tuition Assistance Scholarship Applications must be submitted each school year.*

Completed applications should be returned to:

Bradley Hills Presbyterian Church Nursery School
Attn: Scholarship Committee
6601 Bradley Blvd.
Bethesda, MD 20817



*****For Use of BHPCNS Only*****

Date Application Received _____ Class Child will Attend _____

Previous BHPCNS tuition assistance scholarship(s) granted:

Year _____ Class Attended _____ Assistance Level _____

Year _____ Class Attended _____ Assistance Level _____

Approved Yes ___ No ___ Monthly Amount of Tuition Assistance _____

Scholarship Committee Signature _____ Date _____