

## **University Presbyterian Preschool Scholarships**

The information below will be held in confidence by three members of University Presbyterian Church, none of whom have any direct connection to UPPS.

*Please return the information, sealed, in an envelope addressed to:*

UPPS, c/o Scholarship Committee, P.O. Box 509, Chapel Hill, NC 27514

Please provide the following information with the completed application:

1. a copy of your latest income tax return (Form 1040)
2. a document showing the current balance of your checking and savings accounts (dated within the last two months)
3. a listing of additional assets, including certificates of deposit, stocks, bonds, real estate, other sources of income (trust funds), etc.
4. the number, name, and ages of dependant family members
5. monthly income and expenses
6. current annual income
7. information or descriptions of expenses during the coming year which are not included in number 5.
8. Special Circumstances: Please let the committee know if there are any other factors that should be considered (e.g. extensive medical expenses, loss of health coverage, changes in household, changes in residence, etc.).

**\*\*PLEASE REMOVE YOUR SOCIAL SECURITY NUMBER AND ALL ACCOUNT NUMBERS BEFORE SUBMITTING ANY DOCUMENTS.\*\***

### Scholarship Guidelines and Process

Scholarships are granted on a need basis. A scholarship may be granted for the supply fee. Scholarships will ordinarily be granted for the school year.

Applicants will complete the application which will be given to the Scholarship Committee. Applicants will receive a letter stating the amount of the scholarship and the amounts for tuition payments and supply fees for the upcoming year. The letter will also include a request that any significant financial changes in income or expenses which occur during the time of the scholarship grant be communicated with the Scholarship Committee.

## University Presbyterian Preschool Scholarship Application

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Class the child will be entering:

2 years \_\_\_\_\_

3 years \_\_\_\_\_

4 years \_\_\_\_\_

Transitional fives \_\_\_\_\_

Other dependent children:

Name of the child	Age	School	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other dependents and the amount of financial assistance for which you are responsible.

\_\_\_\_\_

Mother's name: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

How long: \_\_\_\_\_

Father's name: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

How long: \_\_\_\_\_