

THE REFORMED CHURCH NURSERY SCHOOL  
6 Kraft Avenue, Bronxville, NY 10708 (914) 337-6332

# SCHOLARSHIP APPLICATION

**The Valerie Close Bowen Fund**  
**The Lowell Ditzen Scholarship Fund**  
**The Natalie Sullivan Carpenter Scholarship Fund**

*The Reformed Church Nursery School is pleased to be able to provide financial support to families through The Valerie Close Bowen Fund, The Lowell Ditzen Scholarship Fund and the Natalie Carpenter Scholarship Fund. In addition, each year a portion of our fundraising efforts, the net proceeds of the RCNS book fair and an annual scholarship drive add to our scholarship fund.*

Parents interested in applying should speak to RCNS Director, Margaret Murtagh. Scholarships awarded are based on different types of need. Examples of need might include changes in employment, financial status, unexpected medical expenses, or multiple tuitions. The process is done in strict confidence: applicants are only known to the Director and the Business Manager.

## RCNS SCHOLARSHIP APPLICATION

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### Completed Applications must include the following:

- The past 2 years of tax returns for both parents
- The last two pay stubs for both parents
- Applications will not be accepted without all required documents.

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

Parents: \_\_\_\_\_  
Parent #1 Parent #2

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

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Additional Sources of Income: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
*Including Trusts, Alimony, Child Support* *Including Trusts, Alimony, Child Support*

Estimated Income for Next Year: \$ \_\_\_\_\_ \$ \_\_\_\_\_

# of Dependents	Name	Age
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

### PROPERTY/HOUSING

Do you (check one): Own \_\_\_\_\_ Rent \_\_\_\_\_

Annual Mtg \$ \_\_\_\_\_ Annual Rent \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Home Equity Loan \$ \_\_\_\_\_

**AUTOS**

	<b>Own or Lease</b>	<b>Year</b>	<b>Make</b>	<b>Monthly Payment</b>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____

**BANK ACCOUNTS**

	<b><u>Value</u></b>
1. Checking	\$ _____
2. Savings	\$ _____
3. Stocks/Bonds	\$ _____

**BUSINESS**

Do you own your own business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Name of Business: \_\_\_\_\_ Net Worth of Business \$ \_\_\_\_\_

Type of Business: \_\_\_\_\_

**OTHER ASSETS- Please itemize**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DEBT**

	<b>Credit Cards</b>	<b>Amount Owed</b>
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____

**EDUCATION LOANS**

Total owed \$ \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_

Please use the space below to describe any additional circumstances that impact your need for scholarship.

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## SIGNATORY PAGE

I hereby state that the information contained herein is true:

Parent 1's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent 2's Signature \_\_\_\_\_

Date \_\_\_\_\_

All information submitted will be used solely for the RCNS Scholarship Application Process for the given year and will not be shared with third parties.

*The Reformed Church Nursery School admits students of any race, gender, color and ethnic origin to all the rights, privileges, programs and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, gender, color or ethnic origin in administration of its educational policies, admission policies or other school administered programs.*