



Scholarship Application Form

Parent/Guardian name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ (home) _____ (Cell)

Email (s) _____

Child's name _____

Preschool or Childcare facility attending _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ Director's name _____

Members of Household

Parents/Caregivers Name (s)	Date of Birth	Sex	Relationship to applicant
1.			
2.			
3.			
Children (including applicant)			
1.			
2.			
3.			

4.			
Other members of household			

Income

Name	Employer	Gross Income	Pay interval (Weekly, biweekly, etc.)
Child support:	From:	Amount:	Interval:

Do you own your home? (Circle one) Yes No

Do you own a car or cars?

1. Make _____ Model _____ Year _____

2. Make _____ Model _____ Year _____

Please include: a copy of your IRS 1040 tax return from the current year, together with 2 pay stubs for each parent and this signed form.

Also, Please attach a short narrative describing your circumstances and telling us a little bit about your child. (No more than one page.)

The information I have provided is accurate and complete. I also agree to report to JDNF any changes in my income or employment / training status within 15 days.,
(Both Parents or guardians must sign.)

Signature: _____ Date _____

Print Name: _____

Signature: _____ Date _____

Print Name _____

Please email to: jenkintowndaynurseryfoundation@gmail.com or
Mail to: P.O. Box 2424, Jenkintown, PA 19046