



Scholarship Application
Rye Presbyterian Nursery School
882 Boston Post Road Rye, New York 10580
Phone: 914-967-2073 Fax: 914-967-2027

The Flood Family Memorial Scholarship Fund
and the Sally M. Davidson Memorial Scholarship Fund

The Rye Presbyterian Nursery School is pleased to be able to provide full and partial financial support to families attending the nursery school through the Flood Family Memorial Scholarship Fund and the Sally M. Davidson Memorial Scholarship Fund. The Eric Wesley Flood Memorial Scholarship Fund was established in 1995. This fund receives grants from the Rye Presbyterian Church Women’s Association, gifts from parents and friends and money raised by the RPNS Parent Committee. Their fundraising activities include the annual Holiday Caroling Party, the Pancake Breakfast and the Book Fair.

The Sally M. Davidson Fund was established in 1996 by her family, following her death. As a Deacon of the Rye Presbyterian Church, and a great friend of the nursery school, Sally gave enormous time, energy and support to our program. This scholarship fund continues to be supplemented by gifts from Sally’s friends and family.

Parents interested in applying should speak to the RPNS Co-Directors. Recipients are determined by the Board’s Scholarship Committee in conjunction with the Co-Directors, based on need. Examples of need might include changes in employment or financial status, unexpected medical expenses, or multiple tuitions. The process is done in strict confidence; applicants are only known to the Co-Directors.

All applications should be completed and returned to Kristin Kumar, Co-Director, in a sealed envelope and should include the following:

- Fully completed application form
- 2 years of tax returns - IRS 1040 (last 2 years or last year and current year)
- 3 consecutive employment stubs from parents that are employed. Please include the most recent.
- August, September, & October bank statements
- Most current statement from IRA, 401K, stock/bond accounts (if applicable)

Applications must be complete before they can be considered.

Please complete the attached application. Please do not leave anything blank. On the last page, please provide a statement describing your circumstances and the reason for your request. All information will be held in strictest confidence.

I hereby state that the information contained herein is true:

Mother’s Signature _____ Date _____

Father’s Signature _____ Date _____

The Rye Presbyterian 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 and other school administered programs.

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RYE PRESBYTERIAN
NURSERY SCHOOL

Year _____
Class _____
Church _____
Member _____

Scholarship Application

Child's Name: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Phone: _____ Email: _____

Names and ages of other children in the family: _____

Other dependents: _____

Salaries and Wages:

Father's Employer: _____ Mother's Employer: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Previous Year Income: _____ Mother's Previous year Income: _____

Father's (estimated) Next Year Income: _____ Mother's (estimated) Next Year Income: _____

Dividend and Interest Income:

Total Interest Income Previous Year: _____ Next Year (estimated): _____

Total Dividends Previous Year: _____ Next Year (estimated): _____

Alimony: (do not include child support)

Previous Year: _____ Next Year: _____

Other Taxable Income: Please include any income received from pensions, annuities, rental properties, royalties, estates or trusts, household expenses paid in lieu of alimony, unemployment compensation benefits, capital gains, and taxable social security. These amounts are all listed in the income section of your Form 1040 or 1040A.

Previous Year: _____ Next Year (estimated): _____

Child Support:

Previous Year: _____ Next Year (estimated): _____

Social Security Benefits:

Previous Year: _____ Next Year (estimated): _____

Real Estate:

If you rent, what is your monthly rent: _____

Please list the following information for any and all real estate owned, including your primary residence, vacation home, investment property, vacant land, and cooperative units. Please also include properties owned by you through a corporate entity, LLC, or trust.

| Address | Year Purchased | Amount Paid | Present Market Value | Unpaid Mortgage | Monthly Mortgage Payment |
|---------|----------------|-------------|----------------------|-----------------|--------------------------|
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |

Assets:

| | Cash or Market Value: |
|------------------------------------------------|------------------------------|
| Checking and Savings Accounts: | \$ |
| Stocks, Bonds, Mutual Funds, 401k, IRA: | \$ |
| Life Insurance Net Cash Value: Face Amount: | \$ \$ |
| Business(es) Owned | \$ |
| Other Assets (please itemize) | \$ \$ \$ |
| Total: | \$ |

Vehicles: Please provide the following information about all vehicles (cars, recreational vehicles, boats)

| Year | Make | Model | Lease or Own | Monthly Payment |
|------|------|-------|--------------|-----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Club Fees/ Dues:

Please list any memberships to clubs or organizations, such as gyms, golf clubs, beach clubs, etc., and your annual expenses for these memberships. Please include the name and address for each membership.

| Membership Name and Address: | Annual Cost: |
|------------------------------|--------------|
| | \$ |
| | \$ |
| | \$ |

