



Scholarship Application for Term 2, 2018/9

January 28 – June 21, 2019

Application Deadline: 3:00 pm on January 4, 2019

Please return to the *playlab133* mailbox in the main office or the PTA room.

SCHOLARSHIP INFORMATION

playlab133 is dedicated to making its program available to as many students as possible. However, awards are limited and will be given based on needs of the family relative to those of other applicants, and space available. To this end we request the completion of the information below, so we can make a fair assessment of your family's financial need. All financial information submitted will be kept secure and confidential. Please make sure your Social Security number is blacked out on all documents.

Scholarship may be full or partial based on financial need. Class choices will be awarded by lottery. Each scholarship includes one enrichment class and a *playlab* Care or Kinder Care on the same day, if needed. You will be notified September 9th if you have received a scholarship or not, and if so, for which class.

This form and documentation requested must be submitted by 3:00 pm 1/4/19 for your request to be considered. We encourage you to apply as soon as possible. All documents must be submitted in a sealed envelope marked "*playlab133*", and placed in the *playlab133* mailbox in the main office. Please make sure your Social Security number is blacked out on any form submitted.

You may also fill out an online application, which we encourage you to do. A link to the online application can be found on the *playlab133* page of the PS133 website: www.ps133brooklyn.org/playlab133.

If you have any questions please feel free to contact the program director at playlab@ps133brooklyn.org, or call (917) 635-0534.

FAMILY INFORMATION

PRIMARY PARENT/GUARDIAN INFORMATION:

Name: _____ Cell Phone: _____

Address: _____

E-Mail Address: _____

Place of employment: _____ Occupation: _____

Additional Information: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION:

Are you married to, and/or live with the child's other parent/guardian? Yes: _____ No: _____

If YES, please complete this section with the additional parent's information.

Is the other parent able to contribute to the child's program fees? Yes: _____ No: _____

If not, please explain why: _____

Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____

E-Mail Address: _____

Place of Employment: _____ Occupation: _____

Additional Information: _____

CLASS REQUESTS:

Some classes may not be available, or not available at full scholarship. Please list your child or children's names and your top 3 choices in rank of priority for each child. **PLEASE list the exact class name.**

1st child's name: _____ PS133 Classroom Number: _____

1st class choice _____

2nd class choice _____

3rd class choice _____

Will you need *playlab133* Care on the same day in addition to the class? Yes: _____ No: _____

2nd Child's Name: _____ PS133 Classroom Number: _____

1st class choice _____

2nd class choice _____

3rd class choice _____

Will you need *playlab133* Care on the same day in addition to the class? Yes: _____ No: _____

3rd Child's Name: _____ PS133 Classroom Number: _____

1st class choice _____

2nd class choice _____

3rd class choice _____

Will you need *playlab133* Care on the same day in addition to the class? Yes: _____ No: _____

FINANCIAL INFORMATION:

IF you have received a scholarship for Term 1 you do not have to fill out the Financial Information.

PUBLIC ASSISTANCE: If you are currently enrolled in the following programs, please check below and provide proof of enrollment:

- SOCIAL SECURITY: Yes: _____ No: _____
- TANF (Temporary Assistance for Needy Families): Yes: _____ No: _____
- SNAP (Supplemental Nutrition Assistance Program): Yes: _____ No: _____
- MEDICAID: Yes: _____ No: _____
- UNEMPLOYMENT: Yes: _____ No: _____

If you are NOT enrolled in one of the above programs, please complete the information below.

INCOME:

Income received in 2016 – including all members of household

- Salary/earnings of all family members:
Line 22 from your 1040 Form, line 15 from your 1040A or line 4 from you 1040EZ \$ _____
- Other income (please specify) _____ \$ _____

MONTHLY EXPENSES:

- Monthly housing costs (mortgage/rent, carrying costs etc.) _____ \$ _____
- Other major expenses (please explain) _____ \$ _____

DOCUMENTATION:

Please send in a photocopy (not originals) of the first page of your 1040/1040EZ or other 2016 Federal Tax Return with your SS# blacked out. Your application will not be considered without this documentation.

ADDITIONAL INFORMATION: Please provide any additional, relevant information, including unique circumstances:

By signing this document, you agree that the information above is accurate and truthful.

APPLICANT/PARENT SIGNATURE: _____

Printed Name: _____ Date: _____