1011 Cherokee Road, Louisville, KY 40204

502.456.6991

Dear Applicant,

Highland Presbyterian Church Nursery and Weekday School is pleased to be able to provide partial financial assistance to families attending our school through the Lacy Morris Scholarship Fund. This fund was established by the family of Lacy Morris, a beloved former Kindergarten teacher at our school.

Applications for assistance are **due no later than January 15** of each year and should be returned to the office in a sealed envelope *that also includes the most recent Federal Income Tax Form 1040 including all attached schedules.* Please complete the application carefully as <u>partial or incomplete applications will not be</u> considered.

Recipients are notified of assistance awarded when enrollment placements are announced. Information submitted is held in strictest confidence. Decisions are made by the Board Financial Assistance Committee.

If you have questions, please do not hesitate to contact us.

Kind regards,

Amy

Amy Fitzgerald, Director

## **APPLICATION FOR FINANCIAL ASSISTANCE**

## Highland Presbyterian Church Nursery and Weekday School 1011 Cherokee Road, Louisville, KY 40204

Highland Presbyterian Church Nursery and Weekday School affirms its commitment to actively strive to become a community of students, families, and staff from diverse cultural, socioeconomic, religious, and ethnic backgrounds.

## **APPLICATIONS ARE DUE ON or BEFORE JANUARY 15, 2025.**

AMOUNT OF FINANCIAL AI	D REQUESTED \$		(a specific dollar amount is <u>required</u> )	
Child's name				
Class requested for 2025-2026 scho	ool year			
Do you plan to use Early Play?	Extended Play?	How many da	ys per week?	
First Parent's/Guardian's name				
Home address				
Telephone		Occupation		
Place of Employment		_Title		
Gross income 2024		_ Expected income 2025		
Second Parent's/Guardian's name				
Home address				
Telephone		Occupation		
		_Title		
Total gross income 2023 (attach 10	140 and <u>ALL</u> schedules	**)		
		_ Expected income 2025		
List all other children in your family				
List all other enhancer in your ranning	•			
Name(s):	Age(s):		School(s):	
Do you own or rent your home?		Monthly Rent or Mortgage Payment		
List all motor vehicles you own or le	ease.			
List all motor vernices you own or it				
Make	Model	Year	Monthly Payment	

<sup>\*\*</sup>Please attach a copy of your last completed Federal Income Tax Form 1040 (<u>including ALL attached</u> <u>schedules</u>), to this application on or before January 15, 2025.

etc.).		
Source of unreported income	Amount received 2024	Amount expected 2025
Identify any checking, savings, or invest deferred income retirement accounts) a		101(k), or equivalent employer-sponsored r account:
Please describe all facts and circumstan for financial aid. Feel free to attach add		ful to the school in evaluating your request
integrity of all applicants to ensure that	t our limited resources are given to t	cance each year and therefore relies on the he neediest families. I therefore certify that supporting information provided with this
Signature of First Parent/Guardian	Signature of Seco	nd Parent/Guardian

Please list all additional money received and not disclosed on income tax forms (such as gifts from relatives or friends, a trust fund or corporation, social security/disability benefits, workers' compensation, insurance, childcare wages, tips,