



ANDY TAYLOR CENTER
for EARLY CHILDHOOD
DEVELOPMENT

Application for Scholarship Stipend

Applicant Information

Child's full name: _____ DOB: _____

Parent/Guardian: _____ Relationship to Child: _____

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Address: _____

Parent/Guardian is a:

- Longwood faculty member
- Longwood staff member
- Longwood student
- Community member

I certify that the information contained is true and correct to the best of my knowledge. Andy Taylor Center staff are authorized to verify information shown on this application. Additional documentation will be provided upon request. I understand that I will have to resubmit this form each August to apply for scholarship stipends.

Parent/Guardian Signature

Date Submitted

Director Signature

Date Received

Note: Scholarship awards are determined by financial need demonstrated by the family's taxable and monthly income as shown on the most recently filed federal income tax return and financial data provided on this form. If you are unable to find last year's tax return call the toll-free number for the IRS, 1-800-829-1040. Tell the representative that you want a transcript of last year's tax return, address, employer name, date of birth, etc. The transcript can be mailed or emailed to you free of charge.

Financial Data

Taxable Income: *(Please list all sources of income)*

1. Mother/Guardian Employer(s): _____ D Part time D Full Time
_____ D Part time D Full Time
_____ D Part time D Full Time

2. Father/Guardian Employer(s): _____ D Part Time D Full Time
_____ D Part Time D Full Time
_____ D Part Time D Full Time

**If your current employer is different than the one listed on your Federal Tax Return, please provide a copy of your most recent pay stub.*

3. Number of persons in household: _____ Adults _____ Children

Additional Income/Supports

4. Are you receiving child support? D yes D no Amount per month: _____

5. Do you or anyone in your household receive disability benefits? D yes D no Amount per month: _____

6. Do you or anyone in your household receive Social Security benefits? D yes D no Amount per month: _____

7. Are you or anyone in your household receiving any other assistance? (Including but not limited to SNAP, TANF, heating/cooling assistance, etc.) D yes D no Amount per month: _____

8. Does your family receive any financial support from relatives or other sources? D yes D no Amount per month: _____

Monthly Expenses

9. Do you: Amount per month: _____

- own
- rent
- live with family/friends

What are your approximate monthly expenses?

- Insurance Amount per month: _____
- Utilities Amount per month: _____
- Loan/Debt Payment Amount per month: _____
- Child/Parent Support Amount per month: _____
- Groceries Amount per month: _____
- Health/Medical expenses (other than insurance) Amount per month: _____
- Car Payment (s) Amount per month: _____
- Auto Operation (gas) Amount per month: _____
- Groceries Amount per month: _____
- Other (explain) Amount per month: _____

Do you provide financial support for any relatives? Amount per month: _____
(Include live-in grandparents/relatives overseas)

- yes
- no

Has your income increased or decreased significantly from last year? yes no

Explanation:

Please explain why you are applying for a Scholarship Stipend: (Feel free to attach a typed letter of explanation)