

# MONONA GROVE NURSERY SCHOOL

4200 Buckeye Road / Madison WI 53716

[www.mgns.org](http://www.mgns.org) / 608-222-4633

## **SCHOLARSHIP APPLICATION**

Any awarded scholarships will only total up to one half of the total tuition cost of whatever class a child is enrolled in.

The number of scholarships awarded will vary from year to year depending on available funds and the number of scholarship applications.

In an effort to apply limited resources equitably, MGNS scholarship applications will only be accepted from families AFTER families have explored their qualifications and/or applied for financial aid from the following three sources: WI Shares Child Care Subsidy Program, City of Madison's Tuition Assistance Program, and UW Child Care Tuition Assistance Program.

Before you complete this application, your family should explore these three options for financial aid, as applicable. More information about these resources can be found on our website: <https://mgns.org/wp-content/uploads/2018/02/scholarship-aid.pdf>.

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**Return completed applications no later than April 15th to:**

Sue Carr, School Director  
Monona Grove Nursery School  
4200 Buckeye Road  
Madison WI 53716

Before you complete this application, please initial below to certify that your family has explored the following three options for financial aid:

- WI Shares Child Care Subsidy Program
- City of Madison's Tuition Assistance Program
- UW Child Care Tuition Assistance Program (if eligible)

Initial

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## MGNS SCHOLARSHIP APPLICATION

Complete this application and return it to Sue Carr (MGNS/4200 Buckeye Rd/Madison WI 53716) by April 15th.

### FAMILY INFORMATION

Name of Child \_\_\_\_\_ Child's DOB \_\_\_\_\_

#### ***Parent 1 Information***

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

#### ***Parent 2 Information***

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name and ages of other dependent children living in this child's household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL INFORMATION**

*Like Wisconsin Shares, MGNS considers almost all money coming into the home. This includes, but is not limited to, all income from any work or self-employment, Social Security payments, unemployment insurance, and worker's compensation. It does not include the money a teen earns from a job, or child support payments under \$1,250.*

Parent 1's annual gross income, as reported in previous tax year: \_\_\_\_\_

Parent 2's annual gross income, as reported in previous tax year: \_\_\_\_\_

Other income coming in from others in the household, as reported in the previous tax year:  
\_\_\_\_\_

Total number of people living in child's household: \_\_\_\_\_

Describe, as relevant, any other emergency or unplanned expenses incurred by the child's family over the last 12 months which make it difficult for the family to cover tuition costs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENROLLMENT INFORMATION**

Please rank order your preference for your child's class placement:

- \_\_\_\_\_ Starfish (M/Tu/W AM)
- \_\_\_\_\_ Penguin (Th/F AM)
- \_\_\_\_\_ Sea Otter 2-day (Tu/Th PM)
- \_\_\_\_\_ Sea Otter 3-day (Tu/W/Th PM)
- \_\_\_\_\_ Sea Otter 4-day (Tu-F PM)

Describe why it is important for your child to have a preschool experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide any additional information that might help the scholarship committee as it makes its decision.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_