



Mgns Scholarship Application and Financial Aid Information.

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Attached is the MGNS Scholarship Application. Please fill out and return as soon as possible. Scholarship grants will be given out starting on April 1.

Before applying for an MGNS scholarship, please be sure you have checked out all of these options for financial aid.

1. MGNS participates in the Wisconsin Shares Child Care Subsidy program, and that program will cover a portion of tuition for eligible families. To find out if your family qualifies, and for more information, visit: <https://dcf.wisconsin.gov/wishares>.

2. If your family is not eligible for WI Shares, then the City of Madison offers assistance for tuition for fully accredited child care programs, like ours. For more information, visit: <http://www.cityofmadison.com/commserv/CommunityTAP.html>

3. Another option, if you or your spouse is a full-time student in any UW program, is to apply with the Child Care Tuition Assistance Program (CCTAP). For more information, visit: <https://ocfr.wisc.edu/financial-assistance/uw-madison-students/child-care-tuition-assistance-program-cctap/>

Finally, our own MGNS scholarship application is attached. Please fill out completely and return to Sue Carr at MGNS 4200 Buckeye Road, Madison WI 53716. All of your information will be kept in the strictest of confidence.

Monona Grove Nursery School

4200 Buckeye Road • Madison, Wisconsin 53716

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Scholarship Application

Qualifications and Basis for Awarding Scholarships:

The amount of the scholarships may vary from year to year depending on funds available and number of scholarships being requested. Please note: scholarships do not include the registration fee.

The remainder of this application must be completely filled out, in detail

Name of Child _____

Child's date of birth _____

Parent 1 Name: _____

Address _____

City _____ State & Zip _____ Phone _____

Occupation _____ Employer _____

Parent 2 Name: _____

Address _____

City _____ State & Zip _____ Phone _____

Occupation _____ Employer _____

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

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Desired Date of Entrance into MGNS: _____

Class preference (check one): Starfish: (3 am classes) _____

Seahorses (2 pm classes) _____

Penguins (2 am classes) _____

Financial Data: (will be handled in strict confidence)

Parent 1 annual gross income for previous year: _____

Parent 2 annual gross income for previous year: _____

Total amount for previous year of income from sources other than employment (interest, dividends, SSDI, SSI, etc.): _____

Is family renting _____ buying _____ its own home?

Other property? _____

Has this child's family had emergency expenses in the last 12 months which make it financially impossible for the family to provide tuition for MGNS for this child?

What is an amount that you feel you would comfortably be able to pay each month towards preschool?

Describe why it is important for this child to have a preschool experience:

Please give any additional personal information you believe may assist the Committee in evaluating this application for a scholarship. Use separate sheet if necessary.

Parent applicant's signature: _____

(5/1/17)