

THE HITCHCOCK SCHOOL
6 Greenacres Avenue, Scarsdale, NY 10583
914-723-0922

SCHOLARSHIP APPLICATION
Due on or before January 19, 2024

CHILD'S NAME: (Last) _____
(First) _____

DATE OF BIRTH: Month _____ Day _____ Year _____

PARENTS' NAMES: Father: _____
Mother: _____

ADDRESS: _____

TELEPHONE: Home: _____
Father Cell: _____ Mother Cell: _____
Father Work: _____ Mother Work: _____

List All Family Members & Others Living in Household:

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK/JOB INFORMATION:

Father's Place of Business: _____
Mother's Place of Business: _____

Please attach the following:

- Copies of four (4) current pay stubs for all working family members
- Copy of current year form 1040 U.S. Income Tax Return
- Documentation of all other household income such as alimony, child support, SSI income, rental income, etc.
- *If you feel you may not be eligible based on income alone, please attach an explanation of your current circumstances for consideration.*

CLASS REQUESTED:

TWO'S ___ 2 morning ___ 3 morning ___ 5 morning

THREE'S ___ 3 morning ___ 5 morning

FOUR'S ___ 5 morning

OFFICE USE ONLY

APPLICATION RECEIVED: _____