

\_\_\_\_\_

Student's Last Name

Date  
Rcvd: \_\_\_\_\_  
F  P  R   
Ltr. Sent \_\_\_\_\_  
Initials \_\_\_\_\_



### The Lower Manhattan Family Fund Scholarship Application

1. Name of 1<sup>st</sup> Student \_\_\_\_\_
2. Name of 2<sup>nd</sup> Student (if any) \_\_\_\_\_
3. Name of 3<sup>rd</sup> Student (If any) \_\_\_\_\_
4. Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip \_\_\_\_\_
5. Home Phone \_\_\_\_\_ Grade in September \_\_\_\_\_
6. **My Child attends school at:** PS 234  PS 89  PS 150
7. Parent #1 \_\_\_\_\_
8. Address \_\_\_\_\_
9. Parent #2 \_\_\_\_\_
10. Address \_\_\_\_\_
11. Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_
12. Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_
13. Who does child live with? Mother  Father  Both  Other   
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

★ **Fill out All Info #1 to #19. Incomplete forms will not be reviewed until all information is submitted.**

**OFFICE NOTES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. If both parents income are not considered in the annual income of support for this child please explain why:

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15. Is this a New Scholarship Application?  Yes  No

16. Average monthly Income *before Taxes* \_\_\_\_\_ Monthly rent \_\_\_\_\_

17. **Besides income I would like my application considered for other reasons:**

- Health       Sudden Loss of Income       Family Size \_\_\_\_\_  
 Low Disposable Income (*attach explanation*)

18. My child receives reduced priced lunches at school  Yes  No

19. We live in a 80/20 program apartment in Battery Park City  Yes  No

*All records are confidential and only used for the purpose of supporting families. We maintain the right to verify information on this form.*

**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

**In Order for this application to be processed include copies of the following:**

- Your most recent Tax Return**  
(*Submit your full return not just the W4 form*)
- Canceled Check or other proof of Rent Payment**
- Copy of Rental Lease**
- Most Recent Paystub**

Scholarship fund is good for the school year. APPLICATION IS ACCEPTED IN BETWEEN JULY 1<sup>ST</sup> AND SEPTEMBER 30<sup>TH</sup>. Send in both your child's after school application and give us a call before you send. (212 766 1104 x 227)