



# Scholarship Application

Please complete an application for each child seeking scholarship. Once completed, please send to the attention of Ian Moorhouse, Associate Director, by fax at (617) 227-9251 or by mail to 127 Mt. Vernon Street, Boston, MA 02108

**DEADLINE DATES: To be considered for a scholarship this form must be received by the following dates:**

Spring Program: March 1<sup>st</sup>                      Fall Program: August 1<sup>st</sup>  
 Summer Camps: June 1<sup>st</sup>                      Winter Program: November 1<sup>st</sup>

**Step 1:** The parent/guardian must complete an application for each participant seeking a scholarship. Please return the application to Ian Moorhouse after completing steps 1 and 2.

First Name:		Last Name:	
DOB:		Age:	
School:	Grade:	Gender:	

**Parent/Guardian Information:**

Parent 1 Full Name:	Parent 2 Full Name:
Address:	Address (if different):
Apt #:	Apt #:
City/State/Zip:	City/State/Zip:
Daytime Phone:	Daytime Phone:
Email:	Email:
Employer:	Employer:
(Circle) Full Time, Part Time, Unemployed, Retired	(Circle) Full Time, Part Time, Unemployed, Retired
Years with Employer:	Years with Employer:
Current Annual Salary: \$	Current Annual Salary: \$
Total Annual Household Income (if living separately, include both incomes): \$ If you are unemployed, please state reason:	
Number of people supported by total income:	
Number of dependent children living in family:	

**Step 2:** Go online and register your child in the selected program(s). Proceed to the payment screen and choose the ~~P~~ay in Person option. This will secure your child's place in the program, but you will not be charged.

**Scholarship Request:**

List Program	Rate	Price you can pay *	Scholarship Amount Requested (rate . price you can pay = scholarship amount)	Amount Awarded (completed by Hill House)

\*Parents/Guardians are asked to contribute a minimum of \$25 per class, and \$50 per summer camp session (week).

**Please include a copy of the previous tax year W-2.** Your application will not be processed until we have received your W2.

**Discuss reason for scholarship request or other special circumstances that should be considered. Please be as detailed as possible.**


I verify that the above information is complete and accurate. I understand that this information will be presented to the Scholarship Committee in order to make scholarship award decisions. I understand that I must provide my previous W-2 form and the Hill House Scholarship Committee may request additional documentation, including but not limited to, my federal income tax returns in order to independently verify the information I have presented above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Step 3:** The Hill House Scholarship Committee will review your application and make a decision within one month of receipt. You will be notified shortly thereafter.

<b>FOR OFFICE USE ONLY</b>		
Total Amount Awarded _____	Approved by _____	Date _____