

***Wolfeboro Cooperative Nursery School***  
**Application for Financial Aid**

Please note that there is a limited amount of financial aid money available. Financial assistance will be awarded based on household income, number of members in the household and special considerations (as listed on this application). In addition to this completed application **we will also need a copy of your most recent 1040 tax form**. In order to be considered for financial aid we will need both requested forms.

**GENERAL INFORMATION**

Full Name:\_\_\_\_\_ Spouse's Full Name:\_\_\_\_\_

Student's Full Name:\_\_\_\_\_ Home phone#:\_\_\_\_\_

Mailing Address:\_\_\_\_\_

Physical Address:\_\_\_\_\_

Marital Status (please circle):    Single            Married            Separated            Divorced

Place of Employment:\_\_\_\_\_

                 Mailing Address:\_\_\_\_\_

Spouse's Place of Employment:\_\_\_\_\_

                 Mailing Address:\_\_\_\_\_

Number of Individuals in the household:\_\_\_\_\_

Names:\_\_\_\_\_ Relationship to Applicant:\_\_\_\_\_

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

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

**Please list all monthly household expences** (i.e. car payments, school tuition, bills...please use back if needed)

**SPECIAL CONSIDERATIONS:**

Please list any special considerations that you would like to be considered. For example – family crisis, excessive medical costs, disabilities, single parent household, etc...

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

Thank you for taking the time to fill out this application – please mail this form and a copy of your most recent 1040 tax form to The Wolfeboro Nursery School  
P.O. Box 426 Wolfeboro Falls, NH 03896.