



Christodora-Manice Education Center
Summer 2010



Student Information

STUDENT NAME: _____ HOME PHONE#: _____

HOME ADDRESS: _____

BOROUGH: BRONX BROOKLYN MANHATTAN QUEENS S.I.

BIRTH DATE: _____ SEX: _____ RACE/ETHNICITY _____
OPTIONAL

LANGUAGE (S) SPOKEN AT HOME _____ SCHOOL NAME _____

GRADE FOR CURRENT SCHOOL 2009-2010 YEAR: _____

PARENT/ GUARDIAN # 1

NAME: _____

RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____

BOROUGH: BRONX BROOKLYN MANHATTAN QUEENS S.I.

SPEAKS ENGLISH? YES /NO (circle one)

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

PARENT/ GUARDIAN # 2

NAME: _____

RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____

BOROUGH: BRONX BROOKLYN MANHATTAN QUEENS S.I.

SPEAKS ENGLISH? YES /NO (circle one)

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____



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Scholarship Application

All families are encouraged to apply for a scholarship award. Please attach at least one of the documents listed below in order for your application to be considered. Any missing or incomplete information will delay or influence the outcome of the scholarship award. Christodora, in its sole discretion, awards scholarships based on each individual family size, income, and expenses.

The \$60 non-refundable registration fee is not part of the award.

If you and your child have an open Public Assistance (PA) case you will need to fill out additional information, please contact our Office at (212) 371-5225.

DO NOT FORGET TO MAIL A COPY OF AT LEAST ONE OF THESE DOCUMENTS:

- 3 recent pay-stubs
- Employer letter including salary
- 2008 1040 or W-2
- SSI/Public Assistance letter
- Affidavit of support

MOTHER/LEGAL GUARDIAN'S INFORMATION

Name: _____ Occupation: _____
 Home Address (if different from student's address): _____
 Phone: (Home) _____ (work) _____
 Place of Employment: _____ How Long? _____

FATHER/LEGAL GUARDIAN'S INFORMATION

Name: _____ Occupation: _____
 Home Address (if different from student's address): _____
 Phone: (Home) _____ (work) _____
 Place of Employment: _____ How Long? _____

INFORMATION ABOUT YOUR HOME

Number of people living together in the home/apartment: _____
 Number of employed people living in the home/apartment: _____
 Rent per month: _____

HOUSEHOLD INCOME INFORMATION (include from all persons living together in the house)

Weekly Household Income: _____ Annual Household Income: _____

Public Assistance number: _____
 (submit copy of card or budget letter from your Income Maintenance Center)

Public Assistance office: _____ # _____

Parent/Legal Guardian Signature

____/____/____
Date Signed