

# Berkshire Taconic Community Foundation

## The Kinderhof Scholarship Fund Application Guidelines

### **Eligibility**

Applications are accepted from families in Berkshire County, Columbia County and northwest Litchfield County whose children have been accepted into the Kinderhof School, 76 Boice Road, North Egremont, MA 01252, and who can demonstrate need of financial assistance to cover tuition costs.

### **Awards**

Awards depend on the amount available from the fund and the number of applications received. Award payment will be made directly to the Kinderhof School.

### **Deadline**

Completed applications must be received at Berkshire Taconic by 5 p.m., February 1<sup>st</sup>.

### **To Apply**

Complete the attached application form and send it to Berkshire Taconic along with:

- Verification of admission to the Kinderhof School.
- A copy of the parents' current tax return(s) and/or other financial information. You may add one additional sheet, if necessary, to explain any unusual financial circumstances which you think should be taken into consideration on your behalf. (Specific financial information is held in confidence by Berkshire Taconic and is not given to the Committee. Berkshire Taconic gives the Committee only general financial information about the applicant.)
- A 1-2 page letter outlining why your child should be selected for an award. Mention any special circumstances or considerations that the Committee should be aware of. The content of your letter will be presented to the committee without any identifying information (names, addresses, etc.).

### **Notification**

Applicants will be informed of Berkshire Taconic's decision within three months of the deadline date.

### **Review Process**

Applications will be reviewed by the Berkshire Taconic Scholarship Advisory Committee. Their recommendations will be reviewed by the Berkshire Taconic Community Foundation's board of directors.

### **Review Criteria**

The committee will review requests for scholarships according to the following criteria:

- Financial need.
- Significance of the scholarship award to the family.
- Preference will be given to families with more than one child enrolled in Kinderhof.

### **Questions**

Please contact Maeve O'Dea, Program Director, at [programs@berkshiretaconic.org](mailto:programs@berkshiretaconic.org)

## Berkshire Taconic Community Foundation

800 North Main Street, PO Box 400, Sheffield, MA 01257-0400

T: 413.229.0370 E: [programs@berkshiretaconic.org](mailto:programs@berkshiretaconic.org) [www.berkshiretaconic.org](http://www.berkshiretaconic.org)

## **Berkshire Taconic Community Foundation**

Berkshire Taconic Community Foundation builds stronger, more vibrant communities and improves the quality of life for all residents of Berkshire County, MA; Columbia County and northeast Dutchess County, NY; and northwest Litchfield County, CT. Since 1987, we have been an agent for positive change in the region we serve. In education, health care, basic human services, transportation, the arts, youth and senior programs—our grants touch all aspects of life and every person in the Berkshire Taconic region. Each year, we help thousands of donors achieve their philanthropic goals and hundreds of nonprofits carry on their good work. Berkshire Taconic is a 501 (c)(3) charitable organization and is proud to serve as steward for this fund.

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## Application:

Name of Kinderhof Student(s): \_\_\_\_\_

### Father, Stepfather, or Male Guardian:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Employed by: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Years on Job: \_\_\_\_\_

### Mother, Stepmother, or Female Guardian:

Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Mother, Stepmother, or Female Guardian: (Continued)**

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Employed by: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Years on Job: \_\_\_\_\_

**Check One:**

Never Married \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Legally Separated \_\_\_\_ Separated, No Court Action \_\_\_\_

Date of Divorce or Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent who Claimed Student as a Tax Exemption for Current Year: \_\_\_\_\_

Is there an agreement specifying a contribution from the parent for educational expenses  Yes;  No

If yes, please specify \_\_\_\_\_

Name(s) of Other Dependents in the Household	Age	Relationship	Check if in school	Tuition Costs
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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# Berkshire Taconic Community Foundation

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#### Income Summary\*\*

Source	Current Year	Upcoming Year	Name
First Person Wages – Total All Jobs:	\$ _____	\$ _____	_____
Second Person Wages – Total All Jobs:	\$ _____	\$ _____	_____
Cash Income (Tips, etc.)	\$ _____	\$ _____	_____
Other Income* ( <b>Attach Explanation</b> )	\$ _____	\$ _____	_____
<b>Total Income</b>	\$ _____	\$ _____	_____

\*\* – All Income Information is Kept Confidential

\* – Include payments for travel, housing, etc. provided as a benefit, income of children and other household members, business, farm or self-employment income.

#### Anticipated Expenses for Upcoming Calendar Year:

Taxes:	\$ _____
Insurance:	\$ _____
Out-of-pocket Health:	\$ _____
Mortgage/Rent:	\$ _____
Credit Card & Other Loan Debt:	\$ _____
Utilities:	\$ _____
Vehicles:	\$ _____
Child Care:	\$ _____
Other Sources of Tuition Support*:	\$ _____

\*Other sources may include money from relatives, etc.

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The information submitted above is true and complete to the best of my/our knowledge. The Kinderhof Tuition Assistance Fund Committee reserves the right to modify or revoke any reduction decisions if information is withheld or misrepresented. I/we understand that the information will be treated confidentially by the Committee.

Signature of Male Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Female Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

Total Full Tuition: \$ \_\_\_\_\_

Tuition Reduction Awarded: \$ \_\_\_\_\_

Total Adjusted Tuition: \$ \_\_\_\_\_

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