

## **MARY E. PHILLIPS SCHOLARSHIP FUND APPLICATION--CONFIDENTIAL**

The Mary E. Phillips Scholarship Fund is supported and administered by the South Seattle College's Parent Advisory Council (PAC). Scholarships are awarded to families that would not otherwise be able to participate in a cooperative preschool.

### **WHO IS ELIGIBLE?**

- Current members in good standing and active participants
- New members committing to active participation
- Financial need is demonstrated
- Application is submitted on time each quarter

### **HOW IS FINANCIAL NEED DETERMINED?**

The chart on the next page, from Seattle Public Schools, provides the guidelines. If a family income exceeds the figures on the chart, consideration may be given to special financial circumstances. Describe the circumstances specifically in detail on the form and discuss with your Parent Instructor.

Applications are reviewed by a small confidential committee--PAC member, community member, SSC Co-op faculty member.

### **CONFIDENTIALITY:**

The application is seen only by the committee and your Parent Instructor. If awarded, your Class Treasurer and Site Treasurer will be aware because your payment amount or schedule will be unique.

### **AMOUNTS AWARDED:**

Scholarships can be awarded ***up to half*** of the monthly tuition amount. Registration fees are generally not awarded.

### **HOW TO APPLY:**

- Fill out this form completely.
  - Save your documentation because application must be made each quarter requiring assistance.
- Return completed form to your Parent Instructor *before* the deadline.

### **APPLICATION DEADLINES:**

***Fall – September 25<sup>th</sup>, Winter – November 25<sup>th</sup>, Spring – February 25<sup>th</sup>***

### **NEXT STEPS:**

- Notify your Treasurer that you have applied--or note this on your tuition check.
- *Continue to pay at least half of the current tuition until a decision is made.*
- You will receive an email/letter outlining whether you will receive a scholarship and the amount. Allow a few weeks for this process.
- Any differences in payment due or over payment will be adjusted by the treasurer.



## FINANCIAL INFORMATION

Applicant's Name \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Number of hours worked per week \_\_\_\_\_  
Monthly **gross** income (*before taxes*) \_\_\_\_\_  
Partner's Name \_\_\_\_\_  
Partner's Employer \_\_\_\_\_  
Number of hours worked per week \_\_\_\_\_  
Partner's monthly **gross** income (*before taxes*) \_\_\_\_\_  
Other sources of income:  
    Social Security \_\_\_\_\_  
    Unemployment \_\_\_\_\_  
    Pension \_\_\_\_\_  
    Welfare \_\_\_\_\_  
    Disability \_\_\_\_\_  
    Child Support \_\_\_\_\_  
    Other \_\_\_\_\_

**TOTAL HOUSEHOLD MONTHLY INCOME** \_\_\_\_\_

Financial Savings and other Assets \_\_\_\_\_

Monthly Payments:  
    Housing (mortgage or rent) \_\_\_\_\_  
    Bank Loans \_\_\_\_\_  
    Credit Cards \_\_\_\_\_  
    School Loans \_\_\_\_\_  
    Child Support Payments \_\_\_\_\_  
    Medical Bills \_\_\_\_\_  
    Insurance \_\_\_\_\_  
    Car Payment \_\_\_\_\_  
    Utilities \_\_\_\_\_  
    Phone and Internet \_\_\_\_\_  
    Food \_\_\_\_\_  
    Gas \_\_\_\_\_  
    School Tuition (other than Co-op) \_\_\_\_\_  
    Class Fees (ex: dance, sports) \_\_\_\_\_  
    Other \_\_\_\_\_

**TOTAL MONTHLY PAYMENTS** \_\_\_\_\_

Circumstances that affect your family's financial situation at this time (Please elaborate as specifically as possible) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the amount that you feel you could pay monthly after receiving financial support? \_\_\_\_\_

### PROGRAM PARTICIPATION

Describe your involvement in your Preschool and Parent Education:  
How long have you been involved in Co-op Preschool? \_\_\_\_\_

What is your Co-op job? \_\_\_\_\_

How many Parent Meetings have you attended so far this year/last year? \_\_\_\_\_ Or what arrangements for absences have you made with your Parent Educator or Class Chair? \_\_\_\_\_

Which Parent Education Classes have you attended so far this year/last year? \_\_\_\_\_  
\_\_\_\_\_

How have/will you support fundraising efforts of your preschool and the Parent Advisory Council? (examples: Sell wreaths, books, etc.; procure auction items; coordinate fundraising for your class; volunteer at Kid Sale) \_\_\_\_\_  
\_\_\_\_\_

How does your child benefit from involvement in your Co-op Preschool? \_\_\_\_\_  
\_\_\_\_\_

How do you and your family benefit from involvement in your Preschool and Parent Education?  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided on this application form is correct. If this request is accepted, I agree to fulfill the obligations of a participating member in a parent cooperative preschool.

Signature of Applicant \_\_\_\_\_  
Date \_\_\_\_\_

**This section is to be filled out by the Parent Education Instructor**

Instructor \_\_\_\_\_ Class \_\_\_\_\_

Describe the applicant's involvement in the group, such as: attendance at preschool, meetings, seminars, and committee participation.

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

Please provide any additional information.

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

\_\_\_\_\_  
*(Signature of Instructor)*