



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.

WHO IS ELIGIBLE and HOW IS FINANCIAL NEED DETERMINED?

- 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

The chart 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.

Applications are reviewed by a small confidential committee. The application is seen only by the committee and your Parent Instructor. If awarded, your Class Treasurer and Site Treasurer will also be aware of the scholarship amount awarded (they will not see your application).

HOW TO APPLY and AMOUNTS AWARDED:

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 below deadlines:

Fall – September 25th, Winter – November 25th, Spring – February 25th

Scholarships can be awarded **up to half** of the monthly tuition amount.

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.
- Any differences in payment due or over payment will be adjusted by the treasurer.

Seattle Public Schools Guidelines: INCOME CHART (Expires June 30, 2018)

Household Size	Twice		Per Every Two		
	Annual	Monthly	Month	Weekly	
1	\$22,311	\$1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322

QUARTER APPLICATION: check one

FALL (Sept. Oct. Nov.) _____ WINTER (Dec. Jan. Feb.) _____ SPRING (Mar. Apr. May) _____

Circumstances that affect your family's financial situation at this time (explain fully)

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

PROGRAM PARTICIPATION

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 Seminars have you attended so far this year/last year? _____

How have/will you support fundraising efforts of your preschool and the Parent Advisory Council?

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?

Snack Assistance: As part of co-op you will be responsible to bring snack for your class on a rotating schedule. Please check the statement that applies to your situation if awarded assistance:

_____ Yes, I would like a \$25.00 gift card to Safeway for this quarter to help with purchasing snack.

_____ No thanks, I won't be needing a gift card.

I certify that the information I have provided on the following 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, etc.

Please provide any additional information.

(Signature of Instructor)

(Date)

(Revised May 2018)