

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

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)