



6531 Columbia Pk
Annandale VA 22003
Phone 703.941.9791

APPLICATION FOR SCHOLARSHIP

	School Year _____ - _____
	Summer Fun 20_____

Date of Application: _____

Sleepy Hollow Preschool does not discriminate on the basis of race, color, differing abilities, national or ethnic origin, gender, or creed in the administration of its educational policies, admission policies, scholarships, or other school programs.

SHPS families MUST be in good standing with regards to their membership responsibilities for the scholarship application to be considered or to continue receiving scholarship funds. These responsibilities include:

- Always being on-time with tuition payments.
- Showing up per the Participation Schedule for your co-op and sub days.
- Completing the required amount of Maintenance Hours.
- Attending the mandatory meetings and completing the requirements of your assigned committee.
- Attending all mandatory general membership meetings (three per year).
- Completing all required paperwork in a timely manner.
- Completing four (4) parent training hours per co-oping adult.

In addition, all scholarship families are required to submit documentation (up-to-date pay stubs and tax returns) every four (4) months. Any family receiving scholarship funds must inform the Scholarship Committee Chairperson of any change in financial circumstances, whether positive or negative.

DIRECTIONS:

Please complete **ALL** sections of this application, attaching additional sheet(s) if necessary. Once completed, please submit the form and attachments to the Membership Chairperson (who is the chair of the Scholarship Committee). Applications are due by the 15th of the month for consideration for the following month's tuition. Failure to meet this deadline, disclose all requested information, or provide documentation may delay processing of your application, during which time full tuition will be due.

PART I: CHILD/FAMILY INFORMATION

SHPS Membership Status (check one): _____ Existing SHPS Family _____ New SHPS Family

ENROLLED (or TO BE ENROLLED) CHILD(REN)'S FULL NAME(S)	DATE OF BIRTH	PROGRAM (circle one)
		2-day 2's 3-day 3's 4-day 4's
		2-day 2's 3-day 3's 4-day 4's

	FULL NAME	HOME ADDRESS	HOME PHONE	MOBILE PHONE	WORK PHONE
Kid(s)	(as above)				
Mother					
Father					

Child Lives with: ___ Mother ___ Father ___ Both Other: _____

Number of Dependent Children in the family: ___ Ages: _____

PART II: FINANCIAL INFORMATION

<u>INCOME</u> (must include all sources of income to be considered for scholarship)		Monthly Income (before taxes)	Annual Income (before taxes)
Mother	Name of Employer: Job Title: Employer Address:	\$	\$
Father	Name of Employer: Job Title: Employer Address:	\$	\$
Other	Child support received (if applicable)	\$	\$
	All other sources (examples include alimony, pensions, trust funds, gifts and/or aid from relatives, friends, or other organizations). Please describe :	\$	\$
TOTAL INCOME		\$	\$

<u>EXPENSES</u>		
	Monthly mortgage or rent payment	\$
	Monthly car payment(s)	\$
	Other significant monthly expenses: (please describe)	\$
	TOTAL MONTHLY EXPENSES	\$

PART III: FAMILY STATEMENT

The SHPS Board of Directors determines the amount available for scholarships annually. The amount of available funds varies each year and is based on, among other things, fundraising success and enrollment statistics.

Eligibility is based on financial need. The Scholarship Committee uses the Fairfax County Public School’s free and reduced price lunch guidelines, which follows the USDA Federal Income Eligibility Guidelines (<http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>) to help make determinations. The Committee will consider other documented factors as well, including unemployment, underemployment, medical expenses, and/or educational expenses.

Reason(s) for requesting financial assistance: ___ Limited Income
 ___ Special Circumstances

Briefly explain your family’s circumstances that impact your income and/or ability to pay tuition for the school year or Summer Fun. Use the space below. You may attach an additional page, if necessary.

PART IV: DOCUMENTATION

Please attach financial documentation to support your request for scholarship. Your application and supporting documents will be kept confidential by the Scholarship Committee.

	Your family's most recent tax return, <i>AND</i>
	<i>Either</i> Last 2 paystubs from employer(s) for each parent, if applicable, OR Letter from employer(s) stating annual or hourly income for each parent, if applicable

Other supporting documents must be attached to show any extraordinary or special circumstances. The Committee may request additional documentation.

PART V: SIGNATURES

Participation in a cooperative preschool requires a time commitment from parents. Your responsibilities in joining the school include:

- Being on-time with tuition payments.
- Showing up per the Participation Schedule for your co-op and sub days.
- Completing the Maintenance Hours required of my family.
- Attending the mandatory meetings and completing the requirements of your family's assigned committee.
- Attending all mandatory general membership meetings (there are three evening meetings per year).
- Completing all required paperwork in a timely manner.
- Completing four (4) parent training hours per co-oping adult.
- Being an active, engaged parent and member of our school.

Is your family willing and able to undertake the commitment required of membership with Sleepy Hollow Preschool that is outlined above?

Yes: _____ No: _____

We have filled out this application completely and truthfully. We understand that failure to disclose all information, including a change in job situation, will result in the revocation of any scholarship award. We further agree that should a scholarship award be revoked due to a misleading application or documentation, we will repay the scholarship award in full.

Signed:

x

Signature of Mother or guardian	Mother/guardian's Printed Name	Date

x

Signature of Father or guardian	Father/guardian's Printed Name	Date