



QUEEN ANNE COOPERATIVE PRESCHOOL SCHOLARSHIP APPLICATION¹

Please complete and return this application to treasurer@queenannecoop.org. The Financial Aid committee will anonymize your request and bring it to the board for a vote. Your application will be considered at the next scheduled Board Meeting after it's submitted. The Board Meeting schedule is available on the "Important Events Calendar."

Parent(s) Name(s): _____
Phone(s): _____
Email(s): _____
Occupation(s)/Employer(s): _____

Gross taxable income from all sources (wages, salaries, bonuses and tips, as well as investment income and unearned income): \$ _____

Non-Taxable income and benefits (child support, inheritances, etc.): \$ _____

Child's Address: _____
Number of parents/guardians residing at child's address: _____
Number of children in family: _____
Number of Children Enrolled in QACP: _____

Please list all children for which you are requesting tuition assistance:

Table with 5 columns: #, Child's Name, Birth Date, Class, Full Monthly Tuition. Rows 1, 2, 3.

NONDISCRIMINATION STATEMENT

Queen Anne Cooperative Preschool will not discriminate on the basis of education, race, religion, sex, national origin or handicapping conditions. This policy includes, but is not limited to racially, religiously or sexually non-discriminatory administration by the school admissions, scholarship programs, and extra-curricular activities that are a part of the school's regular program and similar activities.

Financial Assistance Requested (You may check multiple boxes)^{iiiiiv}:

- | | |
|---|---------------------------|
| <input type="checkbox"/> 100% (limit 3 months, once per year) | # Months Requested: _____ |
| <input type="checkbox"/> 75% (limit 7 months, once per year) | # Months Requested: _____ |
| <input type="checkbox"/> 50% (always available, funds permitting) | # Months Requested: _____ |
| <input type="checkbox"/> 25% or less (always available, funds permitting) | # Months Requested: _____ |
| | % Requested: ____ |

How much do you feel able to pay on a monthly basis?: _____

____ Please attach pages 1 and 2 of your most recent 1040 Form (with Social Security number(s) redacted). This information is necessary to determine need and will be held in the strictest of confidence.

If you are seeking a scholarship greater than that which you qualify for based on income alone, please describe circumstances that affect your family’s current financial situation. Please state why full tuition payment may not be possible at this time (and if medical bills, extra services for your child, etc., are part of the reason, please include payment amounts in your explanation). Feel free to use the other side of this sheet if needed.

_____ <i>Signature of Parent/Guardian responsible for tuition and fees</i>	_____ <i>Date</i>
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ⁱ QACP reserves the right to modify the financial aid policy and the amount of financial aid provided at any time.

ⁱⁱ Please review the income matrix, located in the scholarship guidelines section of the handbook. Applicants must be in good standing, as outlined in Section XI (A) of the handbook.

ⁱⁱⁱ Scholarship assistance excludes registration and other fees or charges. These must be paid in full by stated due date.

^{iv} If additional financial aid is needed above what QACP can provide, members may also apply to the Parent Advisory Council (PAC) for financial aid up to 50% of tuition. The size of the PAC financial aid fluctuates and depends on the financial need at the 6 member preschools. The application form is available from the QACP PAC representative or the QACP Treasurer. The completed application should be returned to the Treasurer, who will complete his or her portion and submit it to the PAC representative, who in turn will present it at the PAC meeting.

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