

Peninsula Pre-Three Cooperative

APPLICATION FOR TUITION SCHOLARSHIP

The Peninsula Pre-Three Cooperative offers tuition scholarships to children from qualifying families. Full or partial scholarships are awarded based upon a showing of financial need. The co-op relies upon federal poverty guidelines when making determinations regarding financial need. A scholarship committee, comprised of members of the Co-op board, reviews all scholarship applications. All scholarship applications and the identities of scholarship recipients remain confidential.

Tuition scholarships are awarded on a quarterly basis. If the committee determines your child is not eligible for scholarship funding at this time, you may reapply in the future if there is a change in your family's circumstances.

Please complete all applicable sections:

Application Date: _____ Application for: FALL WINTER SPRING SUMMER

Child's Name _____

Birthdate: _____ Class Attending: (circle one) TUES WED THUR PM

Mother/Guardian #1 Name: _____

Address: _____

Phone Number and Email Address: _____

Employer: _____ Occupation: _____

Gross Monthly Income (before taxes): _____

Father/Guardian #2 Name: _____

Address: _____

Phone Number and Email Address: _____

Employer: _____ Occupation: _____

Gross Monthly Income (before taxes): _____

Other Children's names & ages _____

Please explain the relevant circumstances impacting your family's financial situation at this time (unemployment, medical bills, special education expenses, disaster or casualty losses, or any other special circumstances). You may attach additional paper if necessary.

Please include any other information you would like the scholarship committee to consider when evaluating this application: _____

What level of tuition are you seeking? 25% 50% 75%

I/WE certify that the above information is true and correct to the best of my/our knowledge. I/WE are aware scholarship requests will be reviewed on a quarterly basis, and I/WE will notify the board of any change of income status. If this request is accepted, I/WE agree to fulfill the obligations of the co-op membership.

Dated: _____

Parent/Guardian Signature(s): _____

Please place completed form in classroom dropbox or mail to:

Peninsula Pre-three Co-op
P.O. Box 876
Port Angeles, WA 98362

Please contact the Co-op Chair or Treasurer if you have any questions



Board Chairperson: _____ Date: _____

Treasurer: _____ Date: _____

Third Board Member: _____ Date: _____

Circle one: Approved Not Approved

Comments: _____

