

Peninsula Pre-3 Cooperative

APPLICATION for FINANCIAL ASSISTANCE

The Peninsula Pre-3 Cooperative offers tuition financial assistance to children from qualifying families. Full or partial assistance is 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 the Co-op Chair, Treasurer and a third member of the Board, reviews all applications. All financial assistance applications and the identities of recipients remain confidential. To receive priority consideration, applications should be turned in a week before the quarter begins.

Tuition financial assistance is awarded on a quarterly basis. A new application must be submitted for each quarter. If the committee determines your child is not eligible for financial assistance at this time, you may reapply in the future if there is a change in your family's circumstances. **Financial assistance only covers the cost of tuition. It will not cover the annual registration fee.**

Before completing this application, please consider whether your family could pay full tuition through a payment plan (such as \$37 per month during the quarter). If you are interested in this option, please email the Treasurer at pre3treasurer@gmail.com.

Please complete all applicable sections:

Application Date: _____ Application for: FALL WINTER SPRING SUMMER

Child's Name _____

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

Mother/Guardian #1 Name: _____

Address: _____

Phone Number: _____ Email: _____

Employer: _____ Occupation: _____

Gross Monthly Income (before taxes): _____

Father/Guardian #2 Name: _____

Address: _____

Phone Number: _____ Email: _____

Employer: _____ Occupation: _____

Gross Monthly Income (before taxes): _____

Other Children's names & ages _____

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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 committee to consider when evaluating this application:

What level of tuition are you seeking? 25% 50% 75% 100%

I/WE certify that the above information is true and correct to the best of my/our knowledge. I/WE are aware financial assistance 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 application in classroom drop box, or mail to:

Peninsula Pre-3 Co-op

P.O. Box 876

Port Angeles, WA 98362

Please contact the Board Chair or Treasurer if you have any questions.

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Reviewed by:

Board Chairperson: _____	Date: _____
Treasurer: _____	Date: _____
Third Board Member: _____	Date: _____

Circle one: Approved Not Approved

Comments: _____

