



APPLICATION FOR SCHOLARSHIP

SCHOOL YEAR 20__ - 20__

7610 Newcastle Drive, Annandale, Virginia 22003

(703) 941-9791 • www.sleepyhollowpreschool.com

WE LEARN THROUGH PLAY

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, scholarship or other school programs.

Please complete all five sections of this application. Failure to disclose all requested information may disqualify your application. Return your completed form and all attachments to the Membership Chairperson.

PART I: FAMILY INFORMATION

Child's Full Name _____ Date of Birth _____

Home Address _____

Mother's Name _____

Father's Name _____

Home Address if different from Child's _____

Please check one: Single-Parent Household: Two-Parent Household

Number of dependent children in the family: _____ Ages: _____

PART II: EMPLOYMENT INFORMATION

Mother: Name of Employer: _____

Address: _____

Position: _____ Business phone: _____

Monthly income before taxes: \$ _____

Annual income before taxes: \$ _____

Father: Name of Employer : _____

Address: _____

Position: _____ Business Phone: _____

Monthly income before taxes: \$ _____

Annual income before taxes: \$ _____

TOTAL INCOME: Monthly \$ _____

Annual \$ _____

Reasons for requesting financial assistance: Limited income

Special circumstances

(continued)

PART III: FAMILY STATEMENT

Briefly explain your family's circumstances that affect your income or your ability to pay tuition during this coming school year. You may attach an additional page, if necessary.

PART IV: FINANCIAL DOCUMENTS

Please attach financial documentation to support your request for scholarship. To support proof of income, the Committee requires a copy of one of the following:

- your most recent tax return,
- the last two pay stubs from each employer, or
- a letter from each employer stating annual/hourly income.

Other supporting documents must be attached to show any extraordinary expenses/special circumstances.

PART V: SIGNATURES

Mother or Guardian _____
Date

Father or Guardian _____
Date

The Sleepy Hollow Preschool Scholarship Review Committee consists of three members from the SHPS Board of Directors: Vice President, Treasurer and Membership Chairperson. The Committee evaluates each application for scholarship individually. All information submitted is considered confidential. Scholarships will be awarded without regard to race, religion, gender, or national/ethnic background. Every effort is made to reach a decision on scholarship awards within three weeks of application receipt. However, the Committee may request additional information from applicants, which may prolong the process. Parents will be notified on eligibility for scholarship.

Direct all inquires and questions on the scholarship application to the **Membership Chairperson.**

For Scholarship Committee Use Only:

Date application rec'd: _____	Review date by Scholarship
Date application Processed: _____	Committee: _____
Eligible: ____ Non-eligible: ____	Date of family notification: _____