

6531 Columbia Pike Annandale, VA 22003 Phone (703) 941-9791

APPLICATION FOR FINANCIAL AID

School Year
Summer Fun 20

Date of Application:	

Sleepy Hollow Preschool offers financial aid for the regular school year and Summer Fun programs based on financial need. Applications are confidential and are accepted at any point during the school year. Maximum financial aid awards equal half the annual tuition amount being paid. Applications are reviewed using the Fairfax County Reduced and Free Lunch Program eligibility standards, as well as other extenuating circumstances.

SHPS 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, financial aid, or other school programs.

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

Always being on-time with tuition payments.

Number of Dependent Children in the family:

- 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 families receiving financial aid are required to submit documentation (up-to-date pay stubs and tax returns) every four (4) months. Any family receiving financial aid funds must inform the Financial Aid Committee Chairperson of any change in financial circumstances, 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 Vice President of Membership (chair of the Financial Aid Committee) via **vpmembership@sleepyhollowpreschool.org** or the SHPS office mailbox. 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.

II 3 IVICII	nbership Status (ch	eck one):	Existing SHPS	Family	New	SHPS Family
ENROLLED	(or TO BE ENROLLED) CH	ILD(REN)'S FULL NAME(S)	DATE OF BIRT	H PROGRA	AM (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
Child(ren)	(as above)					
Parent 1						

Ages:

PART II: FINANCIAL INFORMATION

INCOME (must include all sources of income to be considered for financial aid)		Monthly Income (before taxes)	Annual Income (before taxes)
Parent 1	Name of Employer: Job Title: Employer Address:	\$	\$
Parent 2	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	\$	\$

EXPENSES	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 financial aid 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 Financial Aid Committee uses the Fairfax County Public School's free and reduced price lunch guidelines, which follows the USDA Federal Income Eligibility Guidelines (https://www.fns.usda.gov/cn/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 financial aid. Your application and supporting documents will be kept confidential by the Financial Aid Committee.

Your family's most recent tax return, <u>AND</u>
Either 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 your family.
- Attending the mandatory meetings and completing the requirements of your family's assigned committee.
- Attending all mandatory general membership meetings (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:	lo:				
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 financial aid award. We further agree that should a financial aid award be revoked due to a misleading application or documentation, we will repay the financial aid award in full.					
Signed:					
х					
Signature of Parent 1 or Gua	irdian 1	Parent/Guardian 1 Printed Name	Date		
x					
Signature of Parent 2 or Gua	rdian 2	Parent/Guardian 2 Printed Name	Date		