



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.
- 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](mailto: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.

### PART I: CHILD/FAMILY INFORMATION

SHPS Membership Status (check one):      \_\_\_\_\_ Existing SHPS Family      \_\_\_\_\_ New SHPS Family

ENROLLED (or TO BE ENROLLED) CHILD(REN)'S FULL NAME(S)	DATE OF BIRTH	PROGRAM (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					
Parent 2					

Child Lives with:    \_\_\_Parent 1    \_\_\_Parent 2    \_\_\_Both    Other: \_\_\_\_\_

Number of Dependent Children in the family: \_\_\_\_\_ Ages: \_\_\_\_\_



**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, <b><i>AND</i></b>
	<b><i>Either</i></b> 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: \_\_\_\_\_ No: \_\_\_\_\_

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:

x

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Signature of Parent 1 or Guardian 1                      Parent/Guardian 1 Printed Name                      Date

x

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Signature of Parent 2 or Guardian 2                      Parent/Guardian 2 Printed Name                      Date