



## Financial Assistance Scholarships

Small Faces is proud to offer a scholarship program for families in need of financial assistance who do not qualify for government subsidies. A limited number of financial assistance scholarships are available through generous donations to the school for our scholarship fund. All scholarships are for partial assistance based on a sliding scale, for a single academic year (September-June). Recipients must reapply for subsequent academic years.

### **Scholarship Eligibility**

Scholarships will be awarded to those families for whom payment of tuition would be a financial hardship. Applicants will be ranked in an anonymous process based on family size, income, and other financial considerations. Awards are generally for either 10% or 25% of tuition, though award amounts may be adjusted based on the number of qualifying applications received, and available scholarship funds. Applicants must provide supporting documentation, complete a Scholarship Application and schedule a review meeting to be considered.

Scholarship recipients are responsible for remainder of the tuition, and must attend 85% of enrolled days. Families who may be eligible for State, County, City of Seattle or other government subsidies must apply to those programs first.

### **Application Process**

Applications are available from the office, or can be downloaded online. Applicants should submit their application along with tax documentation of family income (pay stubs from the last three months are an alternate option for determining family income). After an application is received, the administration will reach out to schedule a scholarship interview to help us understand the specific financial needs of each family. Within two weeks of completion of the scholarship interview, the administration will notify applicants of awards of scholarships.

### **Scholarship Fund**

The annual fundraising event is one of our primary fundraising events for the scholarship fund. We hope to continue and expand the scholarship program in future years, to support our mission, including honoring economic diversity in our school, and reduce the costs of early learning for families.

Individuals may also support the Small Faces Scholarship Fund with individual and corporate donations at any time. Please contact us to discuss your charitable gift.

### **Scholarship Contact**

Please contact Liz Potter, [liz@smallfaces.org](mailto:liz@smallfaces.org) or (206) 782-2611 with any scholarship questions.

# Small Faces Preschool Scholarship Application Form

**Child's Name** (Last Name) (First Name) (Middle Initial)

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**Child's Date of Birth** / /

**Names of parents/guardians:** \_\_\_\_\_

<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>	<b>Telephone:</b>	
<b>Email:</b>	<b>Email:</b>	

I hereby certify that all the information contained in this application is true and correct. In addition, I have attached a copy of our family's most recent income tax return(s) or three months of pay stubs and other family income. Scholarship requests will not be considered without appropriate documentation. Financial documentation will be used solely to determine eligibility. I also understand that any misrepresentation of the information contained in this document does constitute fraud and will, therefore, deem this application null and void. If any information is falsified on this application or supporting documentation, the scholarship will immediately be revoked and all monies dispersed must be returned to the Small Faces Child Development Center.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail or deliver to: Small Faces Child Development Center, c/o Scholarship Program, 9250 14TH Avenue NW Seattle, WA 98117.

**Internal Use:** Applicant Number: \_\_\_\_\_

***Preschool Enrollment Information***

Is child currently enrolled? Y / N      What is requested start date? \_\_\_\_\_

Is child currently receiving any subsidized child care/preschool funding? Y / N

If receiving a subsidy, please state source and amount: \_\_\_\_\_

The Scholarship Program covers the Small Faces academic year, which runs from September through August

Please note desired schedule (or if already enrolled, the schedule for which your child is enrolled):

**Circle Days Desired**, for a set of 5 days, 3 days or 2 days:

Monday                      Tuesday                      Wednesday      Thursday              Friday

***Household Income Information***

Number of People in Household \_\_\_\_\_ Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

Please provide a copy of your most recent Federal Income Tax Returns or three months of pay stubs for all adult wage earners.

***Other Financial Considerations***

Please include a narrative describing any other factors that we should consider. Attach other sheets if necessary.

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**Internal Use:**

**Date Received:**       /   /   

**Applicant Number:** \_\_\_\_\_

**Financial Documentation Received:** Y / N

**Awarded:** Y/N

**Level:** \_\_\_\_\_