

Sequim Pre-Three Scholarship Fund

Policies and Procedures

Who is eligible to receive Sequim Pre-Three scholarship funds?

Any parent education cooperative, actively represented in PCPAC, is eligible to request funds for an eligible member based on satisfactory involvement in their cooperative.

Priority will be given to families who are referred to the parent cooperative program by a social service agency or medical professional, welfare recipients, or other referral sources. Families with multiple children enrolled will also receive priority. Eligible families will document the need for financial assistance on the application and agree to fulfill the responsibilities of the cooperative organization by signing the parent education agreement with their cooperative.

What are the application procedures?

1. Distribute the application for a Sequim Pre-three scholarship form to interested parents.
2. Ask them to **complete the form and submit with a copy of tax return or other income verification** to you for the due date.
3. Have the parent applicant read, complete and sign the parent education agreement and return it with their application.
4. If an applicant is reapplying for a scholarship, have the parent education instructor for that group; complete the paragraph on the applicant's participation.

The Scholarship Committee, comprised of the Sequim Pre-Three board and one college advisor, will determine approval, denial, and/or amount of the scholarship awards based on the guidelines.

The co-op treasurer will be notified of the status of the application upon receipt of the application and the Secretary will send out an acceptance letter to the recipient.

When can a scholarship application be submitted?

Scholarships are awarded on a quarterly basis. Submit the application as early in each quarter as possible. Use the following dates for the deadline for each quarter:

October 15; January 15; and April 15. Applicants must reapply each quarter. A school quarter shall be three months: **Fall** ~ September, October, November; **Winter** ~ December, January, February; **Spring** ~ March, April, May.

After the initial application, the co-op (via the treasurer and instructor) may reapply for additional quarters (up to three quarters) after a review of the applicant's performance and re-submittal of an application form.

How much money is available?

The amount of money available may vary from year to year. Partial tuition scholarships will be allowed.

Determination of the final amount of the award will be made by the Sequim Pre-Three Scholarship Committee based on financial need, the participant's willingness to meet program requirements, the amount of funds available, and the number of eligible applicants.

What if a scholarship recipient decides to leave the co-op before the scholarship expires?

Sequim Pre-Three expects a family to continue in good standing with the co-op as the basis for renewing a scholarship another quarter. **If a person/family drops out, of their own free will they will not be eligible for another scholarship.**

For additional information or to return application, contact:

**Leslee Francis
Sequim Pre-Three, Membership Coordinator
PO Box 2491
Sequim, WA 98382
(360) 504-1011**

Sequim Pre-Three Scholarship Application

Cooperative Name _____ Date _____

Child's Name _____ Child's DOB _____

Mother's Name _____ Phone _____

Address _____ Phone _____

Employer _____

Monthly Salary/Wages _____

Father's Name _____

Address _____

Employer _____

Monthly Salary/Wages _____

Other Children _____ Ages _____

Applying for : Quarter Fall _____ Winter _____ Spring _____ 20____:

Applicant Information continued:

Please enter all gross monthly income (before taxes, social security, etc.) received. List your source of income. Ex: Child Support, AFDC, etc. Please itemize and list monthly expenses. If additional space is needed, please attach additional pages or use the back page.

MONTHLY INCOME	MONTHLY EXPENSES
Wages:	Rent/Mortgage:
Social Security/DSHS:	Food:
Other:	Utilities:
	Auto:
	Insurance:
	Clothing:
	Other:
Net Monthly Income:	

Please attach a copy of your 20__ IRS tax return or a copy of a payroll stub from your employer listed above.

I hereby certify that the information given is true and correct to the best of my knowledge and belief. I am aware that scholarships will be reviewed on a quarterly basis. I will notify the board of any change of income status. If this request is accepted, I agree to fulfill the obligations of Co-op Membership and have read my Parent Education Agreement. I understand that this information is being handled in a confidential manner.

Signed _____ (Parent Signature)

INSTRUCTOR & TREASURER RECOMMENDATION FOR SCHOLARSHIP & RENEWAL REQUEST

Applicant's Name _____

Parent Education Instructor:

Comments: Referring agency or person, attendance records, participation, benefits to parent/child, etc.

Date _____ Instructor's Signature _____

Treasurer:

This applicant has made satisfactory arrangements for payment with the treasurer/board as of the date of this application.

The cost of the class per month is _____ or per quarter _____.

Treasurer's Signature Date _____

Award amount: \$_____ Check #_____ Date_____

Committee _____

Award denied at this time because:

Contact made with _____ Parent Instructor to advise of award denial on _____ (date).