

Sonshine Preschool Scholarship Program

Sonshine Preschool provides scholarships depending upon the funding we have available. Scholarships are considered good for the entire year, unless funding is not available. If funding is a challenge for Sonshine Preschool, you may be asked to reapply at semester. You will know upon being awarded the scholarship if you will need to reapply.

(Semesters: September-December & January-May)

Scholarship Information:

1. Any family may apply for a scholarship
2. A scholarship may be applied for at any time of the year. However, they are limited and are on a first come first serve basis.
3. There are no full scholarships. The maximum amount awarded to a family is 50% of tuition.
4. Sonshine Preschool's Executive board is responsible for making the decision as to who will be granted a scholarship and for what amount. (Chairperson, Treasurer & Secretary)
5. Information reported on the application is strictly confidential
6. Any false information given on your application can and will result in termination of scholarship.
- 7. All documentation must be attached to the application in order to be considered. The Board will NOT look at or discuss your application without attached documentation.**
8. Sonshine Preschool does not discriminate based on gender, race, color or ethnic background.
9. Scholarships are made possible through donations and grants. We consider all donations the Lord's blessings, and welcome anyone who is called to contribute to our Scholarship Program to do so at any time. Donations are tax deductible.

Sonshine Preschool Scholarship Applicaton

Today's Date: _____

Please mark the class your child is enrolled in:

Pre-Kindergarten (M/W/F) _____
(*\$100/month = \$50/month scholarship*)

Preschool (Tues/Thurs) _____
(*\$70/month = \$35/month scholarship*)

Child's First and Last Name: _____

Parent/Guardian Information

(Living in the home with the child)

INFORMATION ON **FATHER** who lives in the home:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

INFORMATION ON **MOTHER** who lives in the home:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

INFORMATION ON PARENT IF THEY **DO NOT** LIVE IN THE HOME WITH THE CHILD

Name: _____

Relationship to the child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Please list your monthly income and expenses so that we can better understand your current financial need. You must attach current documentation to verify your family income. (Your current paystub(s), copies of monthly bills, and child and/or public assistance documentation is required) Failure to attach the proper documentation will prolong the decision of the board, as they will not review your needs without documentation.

Please list the following:

Monthly Income:	Monthly Expenses:
Total: \$	Total: \$

Number of people dependent on income: _____

Briefly explain why you are requesting this scholarship:

Is there any additional information that you would like to share with us that might help us understand your financial concern at the time?

Thank you for your interest in Sonshine Preschool's Scholarship Program. Please make sure that the application is filled out completely in order for it to be considered for assistance. Incomplete applications WILL NOT be considered until they are complete. The Preschool Board meets monthly and applications are looked at and discussed at that time by the Executvie Board. Scholarships are limited. If you are awarded a scholarship and at any time no longer need it, please notify the preschool board. We appreciate your help and honesty, as scholarships are limited.

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