North City Cooperative Preschool (NCCP) Scholarship Application

You may qualify for as much as 100% of the tuition being covered if your income is below 50% of the Area Median Income for King County Washington. Scholarships are decided based on HUD IL (income limits) numbers for King County, WA assessed the previous April and will change yearly depending on area median income (AMI).

Scholarships are awarded on the basis of financial need to those families who could not otherwise afford to participate in a Parent Cooperative Preschool experience or to those experiencing a temporary financial emergency.

North City Cooperative Preschool is committed to the concept and practice of equal opportunity for all its students, employees, and applicants in education, employment, services and contracts, and does not discriminate on the basis of race or ethnicity, color, age, national origin, religion, marital status, sex, gender, gender identity, sexual orientation, status as a veteran or disabled veteran, political affiliation or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or presence of any physical, sensory, or mental disability.

All scholarship applications are kept strictly confidential.

To apply for a financial scholarship, please fill out the below application by the following deadline:

- Registration Fees for the following year (Registration fees only) August 1st
- Fall Quarter (Sept, Oct, Nov) application due by August 1st
- Winter Quarter (Dec, Jan, Feb) application due by November 1st
- Spring Quarter (Mar, Apr, May) application due by February 1st

Applications are assessed quarterly. A new application needs to be submitted for every quarter you are seeking scholarship funds. An application for registration fees AND quarterly tuition for the upcoming year MAY be submitted together. **Failure to apply by the deadline may result in an automatic rejection of your application.**

Please email your completed application to:

scholarship@northcitycoop.org

By the above deadline

General Information

Child(ren) name(s) first and last:]
Number in household:	7
Applying For:	
Registration Fees	
Fall Quarter (Sep, Oct, Nov)	
Winter Quarter (Dec, Jan, Feb)	
Spring Quarter (Mar, Apr, May)	
I am currently enrolled in Shoreline Community College (SCC) and have a child (or children) enrolled North City Cooperative Preschool. I am a member in Good Standing as outlined in the NCCP STAND RULES - ARTICLE IV. DUTIES AND RESPONSIBILITIES OF MEMBERS and am currently up to date and fulf all classroom participation, member meeting, parent education, financial obligations (including fundraising), committee obligations, and cleaning obligations.	<u>ING</u>
Yes	
□ No	
If you answered 'No' to the above, please explain:	

Parent/Guardian Employment Information

Parent/guardian #1:
Name
Current Employer
Occupation
Employer Phone
Hours/week
Parent/guardian #2:
Name
Current Employer
Occupation
Employer Phone
Hours/week
Any additional employment information you would like us to consider?

Adjusted Income Calculation

The following information is necessary to determine need and will be held in the strictest of confidence.

INCOME after taxes	Last Month	This Month	Estimated Next Month
Net Income/Take Home Pay*			
Rental Income Received			
Spousal Support			
Interest/Dividends			
Other Income			
Income Subtotal (add columns)	A	В	C
*Income after paychec	k taxes and deductions	L	
1 2			-
	nthly Income: A + B	÷ 3 =	= D
Average Mor	nthly Income: A + B		
		+ C = ÷ 3 =	
Average Mor	nthly Income: A + B		
Average Mor EXPENSES Child Support Paid Health Insurance Paid	nthly Income: A + B		
Average More EXPENSES Child Support Paid Health Insurance Paid Out of Pocket Expense Subtotal (add columns)	Last Month	This Month	Estimated Next Month G G H

Optional: Please provide additional expense information if you feel it is pertinent:

Expense	Monthly	Note
Rent/Mortgage		
Utilities		
Food		
Car/Life Insurance		
Bus/Gas		
Credit Card Payment		
Medical		
Dental		
School Tuition (other than NCCP Tuition)		
Loan Payment (student/auto/etc.)		
Other: Please describe:		
Total		

Optional: Please describe any additional circumstance	es which make tuition assistance necessary. If
additional space is needed, please use another page.	
I declare under the State of Washington that the info	rmation given is true and correct.
Signature of parent enrolled in Shoreline Community (College:
	-
Date:	