**Chilkat Valley Preschool** 

**Scholarship Application**

**2023-2024**

Chilkat Valley Preschool is excited to be able to offer scholarships to families enrolled in the Preschool program. These funds are made available by fundraising efforts and donations from our local community.

Students must be enrolled in the Preschool program to be eligible for the scholarship. The student’s registration form must be submitted, including the registration fee of $50 in order to reserve the child’s enrollment. Scholarship funds will be paid directly to C.V.P. All scholarship recipients will be asked to complete a Scholarship Application. If any information is falsified on this application or supporting documentation, the scholarship will immediately be revoked and any scholarship monies already put forth towards tuition payments must be reimbursed to the Preschool for deposit in the Scholarship Fund.

**Eligibility Requirements**

1. The child must meet the eligibility requirements determined by C.V.P. Families may qualify due to either a Financial Hardship or other extenuating circumstances. Applications will first be viewed by the Preschool Director. If determined to be eligible, they will then be reviewed by the Preschool Scholarship Committee to be recommended for C.V.P. Board approval based on available funds.

2. Applicants must first apply for the State of Alaska Pass l, ll, or lll Child Care Assistance Program, or the Child Care Development Fund through the Tlingit & Haida Central Council. A scholarship application is not complete until proof of either application is enclosed and funds are awarded or a rejection letter is given. Please include all evidence of this process in the application.

3. A family must meet the income guidelines as established and may be asked to provide supporting documentation. If requested, documentation must be presented for all persons contributing to the household family income.

**Application Process**

Complete the C.V.P Scholarship Application and submit no later than August 26, 2023. The application can be mailed to the following address:

Chilkat Valley Preschool

P.O. Box 1165

Haines, AK 99827

Scholarship applications will be reviewed by the Preschool Director and the Preschool Scholarship Committee, which is comprised of three members of the Board of Directors. All applicants will be notified of the Committee’s decision **before** the first day of school. All information received during the scholarship process will be kept confidential. Our financial assistance fund is limited, and while we will review all applications that are received, we cannot guarantee that all applicants will receive assistance. Applications must be submitted every year as financial situations may change.

**Families who receive a scholarship are still required to volunteer through fundraising events or special activity support.**

Chilkat Valley Preschool Scholarship Application

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program in which the child is enrolled (i.e. days enrolled, morning/afternoon/both): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (including city and zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (including city and zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Child lives with: Mother Father Both Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Family Size: \_\_\_\_\_ Adults \_\_\_\_\_ Children

Total Family Income: (including all members contributing to the income of the household) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or anyone in your household receive additional financial assistance from any of the following?

Unemployment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any special financial circumstances affecting the family’s budget at this time.

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Please explain how you feel a relationship with Chilkat Valley Preschool would benefit your child and family.

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Are you able to contribute any finances to your child’s tuition? Y N

If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your enrollment at C.V.P. contingent upon the receipt of scholarship funds? Y/ N

\*Should scholarship funds not be available, the registration fee of $50 will be refunded if the parent/s desire is to have the child removed from the enrollment list. Requests must be made in writing and must be received by September 1, 2022

I hereby certify that all the information contained in this application is true and correct. 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.

Signature of Parents or Guardians:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_