

Snoopy Cooperative Preschool Scholarship Program Information

We understand the expense of preschool may be a strain on a family's budget, and we seek to help eligible families reduce their cost through scholarships. Scholarships are limited and vary from year to year depending on funds available.

Snoopy Cooperative Preschool bases scholarship availability on the Federal Eligibility chart used to determine free and reduced lunch status. Your child may qualify for a scholarship if your household income falls at or below the limits on the following chart. If your household income exceeds the limits on the chart and you feel that your family requires financial assistance please explain on the scholarship form. Scholarship money may be granted for families that exceed the federal income eligibility amounts.

2016-2017 Federal Income Eligibility Guidelines for Schools

Household Size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each additional person	\$7,696	\$642	\$148

Scholarship applications will be considered by semester and must be turned in no later than the following dates:

- requests for fall semester by August 22, 2017
- requests for spring semester by January 8, 2017

Snoopy Cooperative Preschool Scholarship Application Form

Applicant Information

Applicant Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____ City/State/Zip: _____

Email address: _____

Phone Number(s): _____

Is the applicant enrolled at Gardiner Public School? yes no

If yes, what grade will the applicant attend in the fall? _____

Financial Information

Number in household: _____ Annual Gross Household Income: _____

* If asked, you must be willing to provide documentation of annual family income.

Please describe your current financial situation and how it affects your ability to pay full tuition. List any extenuating circumstances (home mortgage, medical bills, etc) that you consider relevant to demonstrating your financial need. Attach an additional sheet if needed.

By Signing you acknowledge that all information above is correct.

Signature(s) of Parents or Guardians: _____ Date: _____

_____ Date: _____