

NSCC PRESCHOOL PARENT EDUCATION PROGRAM / PARENT ADVISORY COUNCIL SCHOLARSHIP APPLICATION FORM

Child Name _____
Last First

Number in Household _____

Applying for Fall Winter Spring Year _____

Adjusted Income ★
Calculated on back

Office Use Only		
Parent Rep.		
Ed. Rep.		
Com. Rep.		
TW eligible	NSCC	PAC

PLEASE USE A SEPARATE FORM FOR EACH CHILD

Parent/Guardian #1 Name: _____ Email: _____ Phone: _____
 Current Employer: _____ Occupation: _____ Hrs/wk: _____

Parent/Guardian #2 Name: _____ Email: _____ Phone: _____
 Current Employer: _____ Occupation: _____ Hrs/wk: _____

THIS SECTION MUST BE FILLED OUT BY TREASURER BEFORE PARENT/GUARDIAN COMPLETES THE FORM

Preschool Name Wedgwood Class name/age group Pre-K Monthly Tuition \$ 280

Teacher Name Kelsey Reed

For example: Preschool name - Wedgwood; Class age group or name - (Infant/Toddlers/Pre 3 or Twos/3-5/Pre K)

Parent Educator Betty Williams Email betty.williams@seattlecolleges.edu Phone _____

All-School Treasurer Jackie Lee Email treasurer@wedgwoodcoop.org Phone _____

Please mail checks to the address below:

Mailing Address _____

THIS SECTION MUST BE FILLED OUT BY TREASURER BEFORE PARENT/GUARDIAN COMPLETES THE FORM

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

Some families may qualify for up to 75% of tuition, based on NSCC income guidelines and PAC Scholarship Fund availability. The Parent Educator notifies the scholarship committee, treasurer and student if the student's income qualifies the family for NSCC quarterly tuition waiver eligibility.

The Seattle Community College District VI (including North Seattle Community College) 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, except where a disability may impede performance at an acceptable level.

This application due at NSCC by:

Fall 3rd Friday of Sep.
 Winter 1st Friday of Dec.
 Spring 1st Friday of Mar.

*Timely Applications will be considered for available funds.
 Late applications may be considered if additional funds are available.*

We prefer applications be emailed. If you are unable to email, please use regular mail.

Email to:

pac.scholarships@gmail.com

Mail to:

Parent Education Program Coordinator
 Workforce Instruction Division
 North Seattle College 9600 College Way N.
 Seattle, WA 98103

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

INCOME After taxes	Last Month	This Month	Est. Next Month
Net Income/ Take Home Pay			
Rental Income Received			
Spousal Support			
Interest/ Dividends			
Other			
Income Subtotal	A	B	C

EXPENSES	Last Month	This Month	Est. Next Month
Child Support Paid			
Health Insurance Paid Out of Pocket			
Expense Subtotal	E	F	G

Average Selected Monthly Expenses

H

From above: $E + F + G = \underline{\hspace{2cm}} \div 3 =$

Average Monthly Income

D

From above: $A + B + C = \underline{\hspace{2cm}} \div 3 =$

Adjusted Income

★

$D - H =$

Optional: Please describe the circumstances which make tuition assistance necessary. If additional space is needed, please use another page.

I declare under the laws of the State of Washington that the information given is true and correct.

Signature of enrolled parent: _____