

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

Child Name \_\_\_\_\_  
Last First

Number in Household \_\_\_\_\_

Applying for  Fall  Winter  Spring 20\_\_\_\_\_

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 Class Name \_\_\_\_\_ Teacher Name \_\_\_\_\_ Monthly Tuition \$

For class name please clearly indicate: AM, PM, Infant, Toddler, Multi-Age, Pre-3, 3, 4, 5, 3-4, 3-5, 4-5, 3-day, 4-day  
 For Example: Victory Heights AM 3-4 / Woodland Park 3-5 3-day / N. Seattle Infant Sat PM / Wedgewood 3-5 4-day

Indicate only one tuition. Use separate forms for different tuitions rates.

Parent Educator \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 All-School Treasurer \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Class Treasurer \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

*Please mail checks to the  Class Treasurer  All-School Treasurer at 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.*

**Mail to:**

Scholarship Committee  
 Parent Education Program @ NSCC  
 9600 College Way N.  
 Seattle, WA 98103

**PLEASE USE SEPARATE FORM FOR EACH CHILD**

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

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

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

Average Selected Monthly Expenses

<b>H</b>
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From above:  $E + F + G = \underline{\hspace{2cm}} \div 3 =$

Average Monthly Income

<b>D</b>
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From above:  $A + B + C = \underline{\hspace{2cm}} \div 3 =$

Adjusted Income

★
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$D - H =$

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

Optional: Please provide additional expense information.

<b>Expenses</b>	<b>Monthly</b>
Rent/mortgage	
Utilities	
Food	
Car/life insurance	
Bus /gas	
Credit card payment	
Medical	
Dental	
School tuition	
Loan payment (student/auto/etc.)	
Other	
<b>Total</b>	

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

Signature of enrolled parent: \_\_\_\_\_

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

**Parent Education Instructor:** Please comment on applicant's involvement in the co-op and expand on the family's need for scholarship assistance.

Instructor's Signature: \_\_\_\_\_