



The Family Umbrella Group
 San Juan Island Family Resources
 Network
 P.O. Box 392
 Friday Harbor, WA 98250
info@familyumbrellagroup.org

Application for Scholarship

Scholarship Committee Only			
Date Application received by Family Umbrella Group:			
Applicant ID #:	Application date:	Enrolled in Preschool:	Verify # of Days:

Scholarship Request (check all that apply):	FALL <input type="checkbox"/>	WINTER <input type="checkbox"/>	SPRING <input type="checkbox"/>
Number of days per week requested (circle one): (Priority will be given to a child who is four years of age by August 31.)	Two (2) Days <input type="checkbox"/>	Three (3) Days <input type="checkbox"/>	Four (4) Days <input type="checkbox"/>
Name of Preschool:			

I. Background Information (confidential)

Child's Name:	Last	First	Middle Initial
Date of Birth:	Childs Age:		
Child's Mailing Address	Street	City	Zip
Child's residence addresses (if Different)	Street	City	Zip
Names of parents or other adults in home:	Last	First	Middle Initial
	Phone Number		Work Number
	Last	First	Middle Initial
	Phone Number		Work Number
All Wage Earner(s) in Family and name(s)	Last	First	Permanent <input type="checkbox"/>
			Seasonal <input type="checkbox"/>
	Last	First	Permanent <input type="checkbox"/>
			Seasonal <input type="checkbox"/>
Wage Earner(s) address(s) if different from above:	Last	First	Middle Initial
	Street	City	Zip
	Phone Number		Work Number

	Last	First	Middle Initial
	Street	City	Zip
	Phone Number	Work Number	

Names and birth dates of minor children in home:

Child's Name:	Last	First	Middle Initial
Date of Birth:	Childs Age:		
Child's Name:	Last	First	Middle Initial
Date of Birth:	Childs Age:		

Total Number of Members in Household:

II. Financial Information (confidential)

YOU MUST SUBMIT PREVIOUS YEAR COPIES OF W2s AND CURRENT AND LAST 30 DAYS OF EACH WAGE EARNER(s) EMPLOYER PAY SLIPS.

Sources of Income (monthly)

Adult Name:

Employer name		Monthly Income \$	
Employer address	Street	City	Zip
	Phone	Length of time employed	

Adult Name:

Employer name		Monthly Income \$	
Employer address	Street	City	Zip
	Phone	Length of time employed	

Other Sources of Income:

DSHS:	Social Security/Disability:
Child Support:	Alimony:

Please Answer:

	No	Yes	If Yes, Explain what is the monthly amount?
Do you receive DSHS child-care subsidy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive other funding help for preschool or child?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you do part-time work outside the home?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you self-employed?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive income from any other source	<input type="checkbox"/>	<input type="checkbox"/>	

Total Monthly Income:

III. Parental, Housing and Medical Information

Parental status:

Financial Information - check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Two parent | <input type="checkbox"/> Single parent |
| <input type="checkbox"/> Single parent working or in school (greater than 50% of time) | <input type="checkbox"/> Foster parents |
| <input type="checkbox"/> English as a second language | <input type="checkbox"/> Other adults in home |
| <input type="checkbox"/> Other, Explain: | <input type="checkbox"/> Blended Family |

Housing Status:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Satisfactory housing | <input type="checkbox"/> Temporary Housing | <input type="checkbox"/> Homeless |
|---|--|-----------------------------------|

Special medical needs of child (please list):

Please provide information on special circumstances not addressed in sections I, II and III.

IV. Applicant Information Certification

I do certify that all of the provided background and income information is true and correct and that all income is reported. All content is confidential and is only used for the purpose of granting preschool scholarship.

Applicant Name (printed)

Applicant Signature

Date

Applicant Email

Applicant Phone number

When your application is completed, please mail to:

**FAMILY UMBRELLA GROUP
PO BOX 392
Friday Harbor, WA 98250**

Or send electronically to info@familyumbrellagroup.org

FUG APS3 4.13.15