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|  | The Family Umbrella Group  PO Box 392  Friday Harbor, WA 98250  [info@familyumbrellagroup.org](mailto:info@familyumbrellagroup.org) | **Application for Scholarship** |

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| Name of Preschool: | | | |
| Scholarship Request (check all that apply) | Fall  ☐ | Winter  ☐ | Spring  ☐ |
| 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  ☐ | Three (3) Days  ☐ | Four (4) Days  ☐ |

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| **Background Information (Confidential)** | | | |
| Child’s Name: | Last: | First: | Middle Initial: |
| Names of parents or other adults in home: | Last: | First: | Middle Initial: |
| Phone: | Work Phone: | Address: |
| Last: | First: | Middle Initial: |
| Phone: | Work Phone: | Address: |

Names and birth days of minor children in home:

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| Child’s Name: | Last: | First: | Middle Initial: |
| Date of birth: | | | Age: |
| Child’s Name: | Last: | First: | Middle Initial: |
| Date of birth: | | | Age: |
| Total number of members in household: | | | |

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| **Financial Information (Confidential)**  You must submit previous year copies of W2 forms and current and last 30 days of each wage earner(s) employer pay slips  **Sources of Income (Monthly)** | | | |
| Adult Name: | Employer Name: | | Circle one: Permanent / Seasonal |
| Employer Address: | City: | | ZIP: |
| Employer Phone | Monthly Income: | | Length Of Time Employed |
| Adult Name: | Employer Name: | | Circle one: Permanent / Seasonal |
| Employer Address: | City: | | ZIP: |
| Employer Phone | Monthly Income: | | Length Of Time Employed |
| Other sources of income: | | | |
| DSHS: | | Social Security / Disability | |
| Child Support: | | Alimony: | |

**Please answer:**

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|  |  | No | Yes | If yes, what is the monthly amount? |
| Do you receive other funding help for preschool or child? | |  |  |  |
| Do you receive income from any other source? | |  |  |  |

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| **Total Monthly Net Income:** |

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| **Parental, Housing and Medical Information** | | | | |
| Parental Status: | | | | |
| Financial Information – check all that apply: | | | | |
| ☐ Two parent | | | | ☐ Single parent |
| ☐ Single parent enrolled in school | | | | ☐ Foster parents |
| ☐ English as a second language | | | | ☐ Other adults in home |
| Housing status | | | | |
| ☐ Satisfactory housing | ☐ Temporary housing | | ☐ Homeless | |
| Special medical needs of child (please list): | | | | |
| Please provide information on special circumstances not addressed in above sections: | | | | |
| 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 purposes of granting preschool scholarships. | | | | |
| 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 electronically to info@familyumbrellagroup.org | | If you would like to help the Family Umbrella Group in our mission, check one of the boxes below to indicate your interest.  ☐ Board member  ☐ Volunteer | | |