



Queen Anne Cooperative Preschool  
Scholarship Application

Please complete and return this application to [treasurer@queenannecoop.org](mailto:treasurer@queenannecoop.org). The Treasurer will anonymize your request and bring it to the executive board or designated committee for a vote. Your application will be considered promptly after it's submitted and at any time during the school year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Occupation(s)/Employer(s): \_\_\_\_\_  
\_\_\_\_\_

Gross taxable income from all sources (wages, salaries, bonuses and tips, as well as investment income and unearned income): \$ \_\_\_\_\_

Non-Taxable income and benefits (child support, inheritances, etc.): \$ \_\_\_\_\_

\*\*\*\*\*

Child's Address \_\_\_\_\_

Number of parents/guardians residing at child's address: \_\_\_\_\_

Number of children in family: \_\_\_\_\_

Number of Children Enrolled in QACP: \_\_\_\_\_

Please list all children for which you are requesting tuition assistance:

#	Child's Name	Birth Date	Class	Full Monthly Tuition
1				
2				
3				

**Nondiscrimination Statement**

Queen Anne Cooperative Preschool will not discriminate on the basis of education, race, religion, sex, national origin or handicapping conditions. This policy includes, but is not limited to racially, religiously or sexually non-discriminatory administration by the school admissions, scholarship programs, and extra-curricular activities that are a part of the school's regular program or similar activities.

Financial Assistance Requested (You may check multiple boxes)

100% (limit 3 months, once per year)	# Months Requested:
75% (limit 7 months, once per year)	# Months Requested:
50% (always available, funds permitting)	# Months Requested:
25% or less (always available, funds permitting)	# Months Requested:
	% Requested

How much do you feel able to pay on a monthly basis?:

If you are seeking a scholarship greater than that which you qualify for based on income alone, please briefly describe circumstances that affect your family's current financial situation. Please state why full tuition payment may not be possible at this time. Use the other side of the sheet if needed.

**Signature of Parent/Guardian responsible for tuition/fees                      Date**

<sup>1</sup> QACP reserves the right to modify the financial aid policy and the amount of financial aid provided at any time.  
<sup>2</sup> Please review the income matrix located in the scholarship guidelines section of the handbook. Applicants must be in good standing as outlined in Section XI(A) of the handbook.  
<sup>3</sup> Scholarship assistance excludes registration and other fees or charges. These must be paid by stated due date.  
<sup>4</sup> If additional financial aid is needed above what QACP can provide, members may also apply to the NSC Parent Advisory Council for financial aid. The size of PAC financial aid available fluctuates and depends on the collective need of the member preschools. The PAC application form is available from the QACP PAC Representative or the QACP Treasurer.

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