

Scholarship Application Form



Parent/Caregiver's name: _____

Phone number: _____

Mailing address: _____

Child's name: _____ Child's birthdate: _____

Is the child in Foster care/ kinship care: YES/NO

Name and ages of other children in the family: _____

What do you hope your child will gain from preschool? _____

How much time can you contribute to preschool fundraising activities? _____

Tell us what hardships will be alleviated if your family is awarded this scholarship: _____

My child was/will be at least 2.5 years old on September 1, 2017-2018: YES / NO

How did you hear about the scholarship: News paper/social media/EYC/friend or family/ Other: _____

***Please attach a copy or copies of the parent(s)/caregiver(s) 2014/2015 notice of assessment.**

Procedure

1. Complete application and submit it with required documentation. Refer to the Application Deadline (listed below).
2. If you are awarded a scholarship, you will receive a letter of approval that outlines the details, including amount and duration. Refer to the Application Review Dates and Decision Letters Distributed dates (listed below).
3. You may re-apply for the Scholarship Program as long as you continue to meet the eligibility requirements; however, there is no guarantee that a scholarship will be renewed.
4. The information on this form will be kept confidential and used only for the purposes of determining scholarship assistance.

Submit to:

Ckpscholarship@gmail.com

Questions or concerns please call- Jessica Henderson 705-440-8134

Application Deadline – JUNE 30

Decision Letters Sent -AUG 1ST

In signing this application form, I agree that:

1. Acceptance of any scholarship does not exempt the family or student from abiding by the policies and guidelines of CKP.
2. 50% of two half days a week will be paid with this scholarship.
3. This scholarship is non-transferable.
4. This scholarship is only for the assigned spot and cannot be changed to another class.
5. This scholarship has no cash value and is for tuition only. The successful applicant may be required to pay field trip or other fees in connection with special activities or events.
6. I have attached a copy of the parent(s)/caregiver(s) 2014/15 tax return with an annual family income of \$60,000 or less with this application form. We will be looking at line 150 on the tax return(s) to determine total income.
7. If attendance falls below 85%, one warning will be given to parents by program management. The second-time attendance falls below 85%, the child may be terminated from the scholarship program and not be allowed to re-enter during the current school year. Full preschool tuition will then be the responsibility of the parent/guardian.
8. This scholarship is for the 2016-2017 school year only.
9. The one-time fee Registration Fee will be waived. An NSF fee of \$25 will be charged for any cheques returned from the bank for insufficient funds.

10. As CKP is a cooperative preschool, I will fulfill my volunteer responsibilities by participating on a committee and/or attending meetings. If my volunteer requirements are not fulfilled, then CKP reserves the right to withdraw my child from the program.

Date: _____

Parent/caregiver's signature: _____

All applications will be accepted and reviewed individually, impartially and confidentially according to the above criteria. Candidates will be informed of CKP's decision as promptly as possible. The application deadline is June 30th, 2017 with notification of acceptance beginning on August 1st, 2017.