

**PARENT EDUCATION PROGRAM/PARENT ADVISORY COUNCIL
SCHOLARSHIP APPLICATION 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.

Date _____ Quarter applied for: ☐ Fall ☐ Spring
☐ Winter 20____

Co-op name _____ ☐ AM ☐ PM Age group _____

N.S.C.C. Parent Educator's Name _____

Child's Name _____	Age _____
Parent's Name _____	Telephone _____ (area code)
Current Employer _____	Occupation _____
e-mail _____	Full-time _____ Part-time _____ hrs/wk
Parent's Name _____	Occupation _____
Current Employer _____	Full-time _____ Part-time _____ hrs/wk
Number of children in family _____ Ages _____	

Treasurer: Please complete this portion.

_____ 's monthly tuition is _____
Co-op name Age group

Please exclude pro-rated May/June, registration fees, etc. and sign below to verify tuition and enrollment of applicant in the co-op program. Awards will be sent directly to the treasurer, so please print your address and phone number.

_____ Print Treasurer's name Telephone _____

_____ Treasurer's signature e-mail address _____

_____ Address _____ City _____ Zip _____

☐ Check if scholarship checks should be mailed to All-School Treasurer instead of Class Treasurer.

Please confirm the college has the correct mailing address.

Scholarships are typically limited to 50% of monthly tuition, with above noted exclusions.

$\frac{1}{2}$ Tuition \$ X 3 = \$

Potential Scholarship Amount

(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.)

PLEASE USE SEPARATE FORM FOR EACH CHILD

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

Please provide your take-home pay, your income after taxes.

<i>INCOME</i>	Last month	This month	estimated next month	<i>This month's expenses</i>	please explain if this is irregular
Salary				Rent/mortgage	
Rent Rec'd				utilities	
Spousal Support				food	
child support				health insurance	premiums not covered by your employer
interest/dividends				car/life insurance	
other				bus/gas	
other				Credit card balance	→
total	A	B	C	Credit card payment	Are these charges covered on this list someplace else, such as food, gas, etc.?
Average Monthly Income from above A + B + C = _____ ÷ 3 = \$				Medical	
Annual Income _____				Dental	
Total Number of family members living in home.....				preschool tuition	
Total Monthly Expenses \$				Loan pmt (student, auto, etc.)	
Total Quarter Request \$				Child Support	
(not to exceed amt. in treasurer's section on front)				Other	Explain:
				total	

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

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

Signature of enrolled parent

Date

Applications are due AT NSCC by*:

3rd Friday of Sept. for Fall Qtr.
1st Friday of Dec. for Winter Qtr.
1st Friday of Mar. for Spring Qtr.

Mail to: Scholarship Committee

Parent Education program
NSCC
9600 College Way N.
Seattle, WA 98103

* Timely Applications will be considered for available funds. Late applications may be considered if additional funds are available.

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

This family qualifies for tuition waiver: **YES NO**

Instructor's Signature