

**Scholarship**

**Information and Application**

Castle Bridge Preschool values and supports families. We are pleased to offer families financial assistant opportunities. Our ability to offer financial assistance depends upon the financial condition of our preschool and available scholarship funds. Please note that we will only be offering PARTIAL scholarships and all families are eligible. Castle Bridge does not discriminate on the basis of race, color, national origin, sex, age or disability.

**The Board will have TWO scholarship cycles.** If your family needs a scholarship throughout the entire year, please be sure to apply in the fall and in the winter.

**Deadlines for the Scholarship Applications are: September 30th, and January 31st.**

Decisions will be made the first week of October and the first week of February.

**ANY FAMILIES AWARDED A SCHOLARSHIP ARE EXPECTED TO PARTICIPATE AND PROMOTE OUR TWO FUNDRAISERS!!**

**Criteria:**

The number of scholarships awarded, as well as the percentage value of each individual scholarship is based on the following criteria:

* The availability of scholarship funds
* The number of scholarship applicants
* The family’s size and annual gross income
  + Please submit your most recent income tax form

**Eligibility of applicants:** *(guidelines taken from the Free/reduced lunch program eligibility of District #91)*

* Families receiving benefits from Idaho Food Stamps (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Families in Idaho (TAFI)
* Foster children that are under the legal responsibility of a foster care agency or court.
* Children who meet the definition of homeless, runaway, or migrant
* Family’s income is within the limits on the [**Federal Income Eligibility Guidelines.**](https://www.d91.k12.id.us/userfiles/2/my%20files/eligibility_guidelines.pdf?id=1902)

**Attendance Policy:**

To remain eligible for financial assistance at the Castle Bridge Preschool a student must have at least an 80% attendance record monthly. This allows a student attending three days a week approximately 3 days of absence each month. This allows a student attending four days a week approximately 4 days of absence each month. You will receive a warning letter after two weeks of noncompliance and after 30 days of noncompliance the scholarship will be rescinded and offered to another student.

**Confidentiality**:

Scholarship applications are kept strictly confidential and are reviewed solely by the Castle Bridge Preschool Board of Directors. The information on this application will be used to evaluate each request. Please add any information you think may be helpful in considering your request.



Office use only

Application #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Awarded:\_\_\_\_\_\_\_\_\_\_\_

**Castle Bridge Preschool Scholarship Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program in which the child is enrolled (i.e. 3 year old, 3 days a week): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (including city and zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Income: \_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (including city and zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Child lives with: Mother Father Both Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ Family Size: \_\_\_\_\_ Adults \_\_\_\_\_ Children Total

Family Income: (including all members contributing to the income of the household) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or anyone in your household receive additional financial assistance from any of the following?

Unemployment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any special financial circumstances affecting the family’s budget at this time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain how you feel a relationship with Castle Bridge Preschool would benefit your child and family. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to contribute any finances to your child’s tuition? Y N If so, how much? Please be aware that Castle Bridge Preschool will not offer any Full Year Scholarships.

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

Is your enrollment at Castle Bridge Preschool contingent upon the receipt of scholarship funds? Y N

I hereby certify that all the information contained in this application is true and correct. *In addition, I have attached a copy of my most recent income tax form.* Scholarship requests will not be considered without appropriate documentation. Financial documentation will be used solely to determine eligibility. I also understand that any misrepresentation of the information contained in this document does constitute fraud and will, therefore, deem this application null and void.

Signature of Parents or Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also agree to participate and promote the two fundraisers Castle Bridge Preschool conducts for the Scholarship Fund. \*\**Failure to do so may result in loss of scholarship funds awarded.*

Signature of Parents or Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_