

**OUR LADY OF CONSOLATION**  
**EARLY LEARNING CENTER**



Dear Applicant:

The scholarship program intends to provide financial assistance to families that might not otherwise be able to afford the full cost of high-quality Preschool. Assistance is granted in the form of **partial** tuition scholarships, contingent upon the availability of funds. This scholarship does not guarantee funds for the following school year(s).

Our financial assistance fund is limited, and while we will review all applications that are received by the deadline that meet the income guidelines, we cannot guarantee that all applicants will receive assistance. Students must be enrolled in the Preschool program to be eligible for the scholarship. The student's registration packet must be submitted, including the registration fee of \$100 to reserve the child's enrollment.

If you are a recipient of the scholarship, it will be **mandatory** for you to volunteer on behalf of your child(ren). We ask for a **minimum** of 10 hours. If your volunteer hours have not been completed by March 31, your scholarship may be revoked, and you will have to pay the scholarship back to ELC.

All applications must be completed thoroughly and accurately. Records will be kept confidential and shredded upon completion of the school year. Incomplete applications will not be processed. **Applications are due by May 15th.** Any applications received after this date will not be considered. Our Scholarship Fund Committee will review your scholarship application upon receipt. **We will contact each family that has applied via email, no later than June 30th.**

**The following documents must accompany your application:**

- \_\_\_\_\_ \*\*the two most recent pay stubs of ALL employed family members
- \_\_\_\_\_ \*\*prior year's tax return or statement of annual earnings

**If applicable:**

- \_\_\_\_\_ unemployment income statements
- \_\_\_\_\_ assistance documents such as social security, child support, and/or alimony
- \_\_\_\_\_ you may elect to submit up to two references that would substantiate your need for a scholarship (*i.e.: doctor, principal, or another appropriate professional*)

# Our Lady of Consolation Early Learning Center Confidential Scholarship Application

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

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Who does the child live with? (*circle one*):

› Mother › Father › Both Parents › Other (*name & relationship*) \_\_\_\_\_

Which class are you enrolling the child in? (*circle one*):

› 2-Year-Olds › 3-Year-Olds › 4-Year-Olds – Half Days › 4-Year-Olds – Full Days

Other children in the family:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Others living in the home: \_\_\_\_\_

Mother's information:

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's information:

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Work phone: \_\_\_\_\_

Are other adults contributing to the household income? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

What do you hope your child will gain from preschool? \_\_\_\_\_

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Briefly explain how you/your family would be willing to volunteer to support our school?

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Have there been any significant life changes/events that have affected your family lately?

If yes, please explain: \_\_\_\_\_

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Briefly explain your reasons for applying for a scholarship, with emphasis on your financial situation and needs of your child(ren). If more room is needed, use the back of this application.

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I agree to volunteer a **minimum** of 10 hours at the Early Learning Center. Please note, if volunteer hours are not completed by March 31, your scholarship may be revoked and you will be responsible for paying back the amount of the scholarship you received.

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

How much tuition do you feel your family can contribute each month? \$ \_\_\_\_\_  
(you must enter a dollar amount here)

I hereby certify the information provided is true & accurate to the best of my knowledge:

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

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

Parent/Legal Guardian Signature(s)