

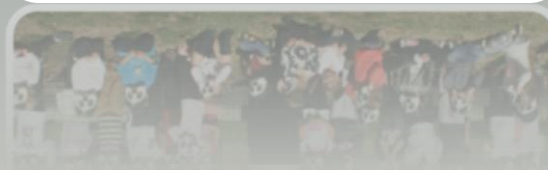


Santa Ynez Valley Presbyterian Preschool

Financial Assistance Application

*The Santa Ynez Valley
Presbyterian Preschool receives
donations from individuals,
Christian mission groups, our
own parent club and others for
our scholarship fund. These
funds help families that are in
great need of financial assistance.
We feel blessed that our school
can pass these gifts on to those
truly in need.*

Learning Through Love Gives Life



Please return this application and
supporting documents to:

Santa Ynez Valley Presbyterian Preschool
1825 Alamo Pintado Road
Solvang, CA 93463

We would like to acquaint you with the school's policies regarding scholarships.

1. The applicant must complete a scholarship application form.
2. A copy of the previous year's tax return must be attached as proof of income.
3. The scholarship committee considers each application on an individual basis and all information remains confidential.
4. Partial scholarships of 25-50% of tuition will be granted, contingent upon the availability of scholarship funds and with the scholarship committee approval: The total scholarship amount will not exceed \$150 per month per child.
5. Scholarships will be awarded for up to 2 days per week for the 3-year old program, 3 days per week for the 4-year old program and up to \$150 for transition.
6. **SYVPPS reserves the right to deny the continuance of scholarship funding if tuition is not paid by the 15th of each month. This provision will be rigidly enforced.**
7. SYVPPS reserves the right to deny the continuance of scholarship funding should any information on the scholarship form change.
8. Scholarship applications may be reviewed at the discretion of the scholarship committee.
9. Applicants will be notified by the scholarship committee's decision.
10. There are no scholarships available for supplemental care programs.
11. Families who receive scholarships are strongly encouraged to volunteer to help the preschool.

I have read and understand the school's policies on scholarships.

Signature of Applicant _____

Date _____

Child's Name _____

Mother's Name _____

Mother's Address _____

Home Phone _____ Marital Status _____

Employer _____ Business Phone _____

Monthly income _____ Cell Phone _____

Father's Name _____

Father's Address _____

Home Phone _____ Marital Status _____

Employer _____ Business Phone _____

Monthly Income _____ Cell Phone _____

Do you receive monthly child support for the child listed above? Yes No

Estimated monthly expenses _____

Gross monthly income where child resides _____

Number of children living at home and ages _____

In a paragraph please complete the following. By attending SYVPPS my child would benefit by

Are there any other factors we should take into consideration in evaluating your need for financial assistance?

Signature of Applicant _____ Date _____

1825 Alamo Pintado Road
Solvang, CA 93463
(805) 688-4440
www.syvpps.org