## **Scholarship Application**

UBC wants every child to have the opportunity to experience quality early childhood education in a positive nurturing environment. We understand there are times when families experience financial difficulty and are unable to afford the set tuition rates of our program. If you would like to apply for a partial scholarship, please fill out the information below and return to the Wee Care office by May 12, 2023. You will be notified by July 1, 2022 of your scholarship status.

Scholarships are based on need and availability per year and do not carry over into the following school year. Scholarships are for tuition only and only partial scholarships will be allocated depending on the funds raised through our need-based scholarship fund. Families are responsible for the \$75 registration and \$75 supply fee. If multiple children requesting a scholarship, please list all on one application.

Child's name:	_Age:	Birth Date:	
Parent's Name:	Phone:		
Address:		Email:	
Are you currently a member of a church bo	dy?	If so where:	
Household income: You will need to list A	LL sources of	income received by each far	nily

member that resides in the home in order to be considered for a need-based scholarship. All household members are to report income received. This includes but not limited to: children, grandparents, parents, guardians. Please indicate on the chart if your income is monthly or yearly. List below your **GROSS INCOME** (before taxes) amount.

Name of house hold members (ex: father mother etc)	Job 1/yearly	Job2/yearly	Monthly Welfare Payments, Child Support, Alimony, Housing allowance	Monthly Pension, Retirement payments, SS Income	Grant, Scholarship Stipend, Loans or Refund checks	Any other Monthly or yearly Income
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

	\$	\$ \$	\$ \$	\$
Your total <u>yea</u>	rly income:	 		

	your home? (Include parents, siblings, grandparents.  amily member residing in the home.)	
State your reason for needing a scholarship to attend Wee Care Christian Preschool. Any and all detailed information is helpful when considering a need-based scholarship.		
I would like to request a partial schol	larship for the following:	
Two Day	<u>Four Day</u>	
8:15-12:00	8:15-12:00	
8:15-2:00	8:15-2:00	
By signing you are stating that all the	e information is true and accurate.	
Parent Signature:	Date:	
For Office Use:		
Days Requesting:	Points:	
Child:		
Scholarship amount:	Parent: Date approved:	
Parent notified:		
Class / Teacher:		