3 to 5 Preschool Scholarship Application

3 to 5 Preschool is excited to be able to offer scholarships to families enrolled in the preschool program. These funds are made available by donations from our local community and through fundraising events run by the preschool and parents.

The state also has a Child Care Assistance Program. This program may offer you additional resources and may be granted in conjunction with your Scholarship through 3 to 5 Preschool. You may access the Child Care Assistance Application here:

https://health.alaska.gov/dpa/Documents/dpa/programs/ccare/forms/CC08-Child-Care-Assistance-Application.pdf or find additional resources at:

https://www.threadalaska.org/thread/families/financial-assistance-with-childcare/. If you would like to speak to someone to obtain additional information on this program, you may call the Child Care office at 888-268-4632.

Students must meet all enrollment requirements and be enrolled in the Preschool program to be eligible for a scholarship. The student's registration form must be submitted, including the registration fee to reserve the child's enrollment. Scholarship funds will be paid directly to 3 to 5 Preschool. All scholarship recipients will be asked to complete the Scholarship Application below. If any information is falsified on this application or supporting documentation, the scholarship will immediately be revoked, and all monies dispersed must be returned to the Preschool for deposit in the Scholarship Fund.

Eligibility Requirements

The child must be age eligible and fully potty trained for the Preschool program being offered by 3 to 5 Preschool. Families may qualify for a scholarship due to either a financial hardship or other extenuating circumstances. Applications will first be reviewed by the Preschool Director. If determined to be eligible, it will then be reviewed by the 3 to 5 Preschool Board of Directors to be authorized. A family must meet the income guidelines as established and may be asked to provide supporting documentation twice a year.

Application Process

Complete the 3 to 5 Preschool Scholarship application and submit by July 20th. The application can be submitted by mail to: 3 to 5 Preschool, P.O. Box 103, Sitka, AK 99835 or submitted via email to threeto5preschool@gmail.com or turned into the preschool if applying during the school year.

All applications received by July 20th will be notified of the Board's decision by the second week of August. Applications received later than July 20th will be reviewed at the subsequent board meeting to determine eligibility. All information received during the scholarship process will be kept confidential. Our financial assistance fund is limited, and while we will review all applications that are received, we cannot guarantee that all applicants will receive assistance. Scholarships may be awarded for a full year or a partial year.

3 to 5 Preschool Scholarship Application

Date:			
Child's Full Name:		Date of Birth	
Child is enrolled in: 2 o	lays 4 days	extended care	
1. Parent/Guardian Name: _			
Phone Number:			
Monthly Income: \$	Work Phone	e:	
Address (including city and Phone Number:	zip):		_
Monthly Income: \$	Work Phone	e:	
Child lives with: Moth	er Father	BothOther	
Family Size: Adults	Children		
Total Family Income: (inclu \$	ding all members cor	ntributing to the income of the househo	ld
Do you or anyone in your he following?	ousehold receive add	litional financial assistance from any of	th
Unemployment: \$Social Security: \$		Child Support: \$	_
Are you able to contribute a	any finances to your c	child's tuition?YesNo	
If so, how much monthly? \$			
What percentage scholarsh assistance?%	ip are you requesting	g to receive, up to a maximum of 90%	
Is your enrollment at 3 to 5 Yes No	Preschool contingen	at upon the receipt of scholarship funds?	?

Please explain any special financial circumstances affecting the family's budget at this time.			
Please explain how you feel a relationship with 3 to 5 Prese and family.	chool would benefit your child		
*Should scholarship funds not be available, the registration the parent/s desire is to have the child removed from the early signing or typing my name below I hereby certify that a this application is true and correct. I also understand that a information contained in this document does constitute from application null and void. I understand that I may be asked income.	enrollment list. Il the information contained in any misrepresentation of the aud and will, therefore, deem this		
Signature of Parents or Guardians:			
Name:	Date:		
Name:	Date:		