

Kirkland Cooperative Preschool

Financial Aid Application

Name: _____ Date: _____

Email Address: _____ Phone Number: _____

I declare under the laws of the State of Washington that the information given is true and correct.

Signature of enrolled parent: _____ Date: _____

For which group are you requesting financial aid? Please circle one.

Group 1 Group 2 Group 3

KCP offers assistance up to 50% of monthly tuition. What amount of monthly tuition assistance do you require? \$

Financial aid applicants remain anonymous to all Board and preschool members except the Financial Aid Committee, which is comprised of the President, Registrar, and Treasurers. If your request is approved, your Parent Leader will also be notified, as he or she will be collecting tuition.

Financial aid applications are awarded on the basis of financial need to those families who could not otherwise afford to participate in the parent cooperative experience or to those experiencing a temporary hardship. Financial aid will be granted for a 1 to 3-month period, as stated in the chart below. At the end of the granted period, families may reapply. If circumstances change and you no longer require financial aid, please notify the Treasurer.

To remain on financial aid, you must fulfill your preschool requirements, such as working on your scheduled day, attending monthly parent meetings, fulfilling your committee and cleaning responsibilities, paying tuition on time, and other requirements as detailed in the KCP Parent Contract.

Applications submitted by the due date listed below will be considered for available funds. Late applications may be considered if additional funds are available.

Applications can be turned into the mailbox of any Financial Aid Committee member. You will be notified by email the amount of assistance granted.

This application due to KCP by:	
June 10 th	Applies to: September tuition
September 10 th	Applies to: October-December tuition
December 10 th	Applies to: January – March tuition
March 10 th	Applies to: April – May tuition

Income Eligibility Guidelines for 2018-2019 School Year (Please circle which household size/salary applies):

Household Size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Each additional person:	\$7,992	\$666	\$154

Assistance programs in which your family currently participates (check all that apply):

- SNAP FDPIR TANF
 LIHEAP Disability Unemployment
 Housing Assistance Foster care

Other: Please describe the circumstances which make tuition assistance necessary. If additional space is needed, please use additional paper and attach to application.

COMMITTEE USE ONLY:

Application received by: _____ Date: _____

Approved for \$ _____ Date to begin: _____ Date to end: _____

Committee Members:
