

# **COVENANT COMMUNITY SCHOOL**

## **SCHOLARSHIP PROGRAM**

**Dear Scholarship Applicant:**

**The intent of the Covenant Community School Scholarship Program is to provide financial assistance to families that might not otherwise be able to afford the full cost of preschool tuition. This assistance is granted in the form of partial tuition scholarships, contingent upon the availability of funds. A copy of the scholarship policy is attached for your information. Your scholarship application will be completely confidential.**

**Please fill out your application completely, and submit the following items with your application.**

- **The two most recent pay stubs for all employed family members**
- **A copy of the prior year's tax return or statement of annual earnings**
- **Unemployment income statements (if applicable)**
- **Assistance documents such as social security (if applicable)**
- **Child support and/or, alimony (if applicable)**
- **Special circumstances**
- **List of monthly bills: rent or mortgage payment, utilities, credit cards, car payments**
- **You may elect to submit up to two references that would substantiate your need for a scholarship (e.g., minister, doctor, principal, or other appropriate professional).**
- **Contact the director if you have difficulty locating any of the above information.**

**Completed applications should be returned to:**

**Lynda Williams, Director  
Covenant Community School  
704-864-5675**

## **COVENANT COMMUNITY SCHOOL SCHOLARSHIP PROGRAM**

### **Policy Statement**

It is the intent of **Covenant Community School** to provide financial assistance to children based on family eligibility. Financial assistance is granted in the form of partial scholarships, contingent upon the availability of funds.

The following guidelines are used for determination of eligibility:

1. Scholarship fees will be limited as to availability of funds.
2. Eligibility for special circumstances is determined on a case-by-case basis, taking such factors into consideration as job loss, illness, death, non-working parent or other situation(s) that affect the family's ability to pay.
3. Participants must report any changes in income or family status to the Director.
4. Qualified applications will be kept on file for one year.
5. Scholarship(s) will be granted based on lowest income first and on a first come first served basis.

Please direct any questions you may have about the Scholarship Program to the Director 704-864-5675.

Applications are available from the Director of Covenant Community School. All applications must be completed thoroughly and accurately. Records will be kept confidential.

### **Selection Process**

All assistance will be based on funds available and the integrity of the information provided.

### **Scholarship Tuition Payment**

Tuition payments must be made in accordance with Covenant Community School policies and any past due amount will cause the scholarship to be cancelled.

### **Number of Scholarships Available**

Covenant Community School has a maximum number of scholarships available. This number will take into account the capacity of the school, available staffing, and other needs. The number of scholarships available may be changed at any time depending on funds available.

### **Eligibility**

Income Eligibility – Family income includes all sources: wages, spousal/child support, unemployment, social security, and any other source of income. A household is defined as a group of related or non-related individuals who are living as one economic unit and sharing both income and living expenses.

**COVENANT COMMUNITY SCHOOL SCHOLARSHIP PROGRAM  
CONFIDENTIAL APPLICATION**

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

\_\_\_\_\_  
**Parent(s) (Residing in Home)** Name of each parent, employer and work phone will be listed below.

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

City/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Children in Family**

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

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

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

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

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

**Eligibility Criteria**

Family Size \_\_\_\_\_

Income \_\_\_\_\_ Circle one Annual, Monthly, Weekly

**Briefly explain your reasons for applying for a scholarship, with emphasis on your financial situation and needs of your child(ren). Use the back of this application if needed.**

I certify that the above statements are true.

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