



Applicants Please Don't Forget

Applications for financial aid are reviewed by a committee and must be received by the stated deadline (late applications have in the past delayed the scholarship award process for everyone). The committee will not delay the process for applicants who missed the deadline and late applications may not be considered in the available pool of funds.

Please get your applications in on time!

All applications are due by the following deadlines:

- August 1st for the Fall Semester
- November 15th for the Winter/Spring Semester
- May 15th for Summer

Important Changes to The Process

It is very important that you provide a complete application. All questions must be answered, and financial information provided. The information should be for both parents or an explanation provided why information for one parent has been withheld and the particular circumstances relating to that parent. At a minimum your application should explain the parental support arrangement (if not joint custody).

Thanks for your attention to these guidelines - we strive to assure that the process is fair for everyone.

SAPS Scholarship Committee



To our Financial Aid Applicants:

Enclosed you will find the information and forms you need to be considered for financial aid at San Anselmo Preschool Center (SAPS).

We reserve a portion of our budget each term (fall, spring, and summer) to assist families in the Ross Valley community who would not otherwise be able to afford a quality preschool/daycare program for their children. We assist families with short-term financial needs such as an unexpected loss of employment or a temporary medical condition that creates financial hardship. We believe that it is better for a family to receive a monetary subsidy rather than drop out of the school due to a short-term financial need.

Financial assistance is provided in the form of tuition subsidies. The amount of the subsidy is determined by the SAPS Scholarship Committee which includes members of the community the SAPS Board of Directors and the First Presbyterian Church of San Anselmo and is granted under the following conditions:

- The scholarship committee receives a completed financial aid request form including a personal financial statement that demonstrates short-term financial need prior to the stated deadline.
- ***All information furnished to the scholarship committee is confidential your personal financial information will be returned to you and we will not keep copies on file.***
- A tuition subsidy once granted will be renewed in subsequent terms only with an updated application and required documents (Personal Financial Statement and Budget Worksheet). **You must reapply each term.**
- If after a subsidy has been granted the scholarship committee receives information that the family situation has changed, and updated application may be requested for reevaluation.
- **Incomplete applications will be returned and will not be evaluated.** A complete application will include:
 - A complete and signed Application
 - A complete and signed Personal Financial Statement (one per household or per parent depending upon custody arrangements)
 - A complete and signed Budget Worksheet (1 per household or per parent)
 - A recent pay stub for both parents
 - A copy of last year's 1040 tax return (1 per household or per parent)
 - If self-employed the Schedule C of the most recent filed 1040 Form. (Schedule 1120 if your company is Incorporated, form K-1 if you are a shareholder or partner).

The scholarship committee allocates available funds based on relative financial need of each applicant without regard to race religion cultural affiliation or economic status.

Please let us know if you have any questions or concerns that we may address about the financial aid process in advance of the next application deadline.

Best regards,

Kathy Newman
interim Director
San Anselmo Preschool Center



FINANCIAL AID APPLICATION FORM

Student's Name:			
Additional Student:			
Parent/Guardian Name:			
Address:			
Telephone:			
Parent/Guardian 1 Employer/Job Title:			
Parent/Guardian 2 Employer/Job Title:			

Semester Requested: **Fall** **Spring** **Summer**
(circle one)

Schedule(s) Requested: *(i.e., M-F 9:00-2:00)* *(i.e., M-F 9:00-2:00)*

Cost of Schedule(s):

Amount of monthly subsidy requested: \$

- Reason for request. Please explain what has changed in your financial life and indicate if it is a permanent or temporary change. Attach additional information if needed.



2. Are you or any children in your home enrolled in another private school or involved in classes, lessons, activities, fitness clubs, etc., which would require payment? **Yes** **No**
 If yes, please indicate the nature of the expense and the monthly cost of each.

Name of Participant	Activity	Monthly Cost

3. Do you anticipate major expenditures in the near future? **Yes** **No**
 If yes, please explain.

4. Are you a single parent(or divorced parent with sole custody)? **Yes** **No**

5. Are both parents working outside of the home? **Yes** **No**
 If no what was the last occupation of the stay-at-home parent? (in considering scholarship applications we take into consideration what a non-working parent would be able to earn if they were employed).

The undersigned certifies that this information was provided by him/her and is true and correct. If there is a change in the financial situation of the undersigned and a subsidy is no longer required, the undersigned will advise SAPS as soon as possible.

Parent/Guardian 1 Signature:

Date:

Print Name:

Parent/Guardian 2 Signature:

Date:

Print Name:



PERSONAL FINANCIAL STATEMENT

This form must be completed and accompany a Financial Aid Application

Parent/Guardian 1 Name:		
Parent/Guardian 2 Name:		
Student(s) Name:		
Date Completed:		New Updated

Please estimate your family's assets and liabilities. For parents who are separated or divorced, we consider financial information for both parents.

	Household or Parent 1	Parent 2
ASSETS		
Cash on Hand in Banks	\$	\$
Value of Business Owned	\$	\$
Stocks and Bonds	\$	\$
Value of Real Estate Owned	\$	\$
Value of Automobiles (including year and make)	\$	\$
	\$	\$
Other Assets	\$	\$
	\$	\$
	\$	\$
Total Assets:	\$	\$
LIABILITIES		
Monthly Mortgage Payment or Monthly Rent (principal residence)	\$	\$
Other Monthly Mortgage Payments	\$	\$
Monthly Automobile Payments	\$	\$
Notes Payable	\$	\$
Other Liabilities (Itemize)	\$	\$
	\$	\$
	\$	\$
Total Liabilities:	\$	\$
SOURCES OF INCOME (annual)	\$	\$
Salary	\$	\$
Dividends and Interest	\$	\$
Bonus and Commissions	\$	\$
Real Estate Income	\$	\$
Other Income (Itemize)	\$	\$
	\$	\$
	\$	\$
Total Annual Income:	\$	\$

The undersigned certifies that this information was provided to him her and is true and correct. If there is a change in the financial situation of the undersigned and a subsidy is no longer required, the undersigned will advise SAPS as soon as possible.

Parent/Guardian 1 Signature	Parent/Guardian 2 Signature

BUDGET WORKSHEET

This form must be completed and accompany a Financial Aid Application

Parent/Guardian 1 Name:

Parent/Guardian 2 Name:

Student(s) Name:

Date Completed: New Updated

Please estimate your family's regular income and expense by month period if needed use annual figures divided by 12 months. For parents who are separated or divorced we consider financial information for both parents.

Income by Month

	Household or Parent/Guardian 1	Parent/Guardian 2
Salary/ Wages*	<input type="text"/>	<input type="text"/>
Dividends/ Interest	<input type="text"/>	<input type="text"/>
Rent Income	<input type="text"/>	<input type="text"/>
Child Support	<input type="text"/>	<input type="text"/>
Disability Income	<input type="text"/>	<input type="text"/>
Unemployment	<input type="text"/>	<input type="text"/>
Social Security	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

NOTE:

- A recent payroll stub(s) must be attached.
- Last year's 1040 must be attached.
- Self-employed individuals must include the schedule C (or schedule 11:20 or form K-1 as appropriate) of last year's tax returns.

Total Monthly Income

Expenses by Month

	Household or Parent/Guardian 1	Parent/Guardian 2
Rent or Mortgage	<input type="text"/>	<input type="text"/>
Property Taxes	<input type="text"/>	<input type="text"/>
Property Insurance	<input type="text"/>	<input type="text"/>
Home Repair/ Maintenance	<input type="text"/>	<input type="text"/>
Food	<input type="text"/>	<input type="text"/>
Household Expenses	<input type="text"/>	<input type="text"/>
Clothing/ Incidentals	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Auto Expense	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Loan Payments	<input type="text"/>	<input type="text"/>
Credit Card Payments	<input type="text"/>	<input type="text"/>
Medical/ Dental Expenses	<input type="text"/>	<input type="text"/>
Medical/ Dental Insurance	<input type="text"/>	<input type="text"/>
Life Insurance	<input type="text"/>	<input type="text"/>
Child Care	<input type="text"/>	<input type="text"/>
School	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Total Monthly Expenses

Total Monthly Net Income



Any Additional Information You Wish To Share

Signature:

Date: