



## Preschool at the Chapel of the Cross

304 East Franklin Street

Chapel Hill, NC 27514

(919)932-5074

[www.pcc-ch.org](http://www.pcc-ch.org)



### APPLICATION FOR TUITION ASSISTANCE

The Leonard Day Scholarship Fund is a result of fundraising efforts at PCC and donations in memory of the beloved teachers we've lost: Kris Leonard (Birds) and Julie Day (Bears). Tuition scholarships assist families demonstrating need to help make the wonderful experience of the Preschool at the Chapel of the Cross an opportunity for any child.

Scholarship Applications are accepted year-round as needs arise, but applications for year-round need can be turned in by Friday, May 10, 2019 for first consideration for the 2019-2020 school year. The Scholarship Committee (consisting of the Scholarship Chair, Treasurer, Assistant Treasurer, and VP of Enrollment) will meet in April to look at the school-wide need and give a prediction of total need for the following year to the Fundraising Committee. That total gives the Fundraising Committee a goal for the Annual Fundraising Auction on May 4<sup>th</sup>. After the funds raised are totaled, the Scholarship Committee meets again and tasks the Scholarship Chair with notifying families of the individual scholarship allocations, at the end of May. All scholarship information will remain strictly confidential, only to be shared as needed with the 4 members of the Scholarship Committee.

Please email [scholarship@pcc-ch.org](mailto:scholarship@pcc-ch.org) with questions at any time and to submit your application for tuition assistance.



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## APPLICATION FOR TUITION ASSISTANCE

Date of Application: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Class: Bunny (2s)      Bear(3s)      Bird(4s)

2. Additional Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Class: Bunny (2s)      Bear(3s)      Bird(4s)

Parent #1 Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

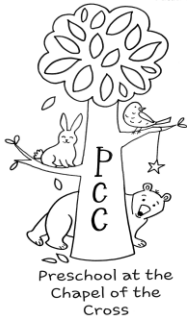
Email: \_\_\_\_\_

Ages of other siblings: \_\_\_\_\_

Number of days the child will attend PCC: \_\_\_\_\_

How much assistance are you requesting? \_\_\_\_\_%

Is it a short-term or year-long need? \_\_\_\_\_



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<b>Family Annual Income and Assets:</b>	Last Year	Enrollment Year (estimated)
Parent #1 Salaries and Wages	_____	_____
Parent #2 Salaries and Wages	_____	_____
Net Profit from Business	_____	_____
Dividend/Interest Income	_____	_____
Alimony Received	_____	_____
Child Support Received	_____	_____
Social Security Benefits	_____	_____
Other Income	_____	_____
	_____	_____
Home Value (if owned)	_____	_____
Other Real Estate	_____	_____
	_____	_____
Bank Accounts	_____	_____
	_____	_____
Other Investments (Net Value)	_____	_____
	_____	_____
<b>Monthly Expenses and Liabilities:</b>	_____	_____
1 <sup>st</sup> Mortgage	_____	_____
2 <sup>nd</sup> Mortgage	_____	_____
Rent	_____	_____
Utilities	_____	_____
Net Business Losses	_____	_____
Student Loans	_____	_____
Car Loans	_____	_____
Health Insurance Payments	_____	_____
Outstanding Medical Bills	_____	_____
	_____	_____
Other Indebtedness	_____	_____

Please feel free to attach any additional information that will help explain your financial situation/financial needs.