

Preschool at the Chapel of the Cross

304 East Franklin Street

Chapel Hill, NC 27514

(919)932-5074

www.pcc-ch.org

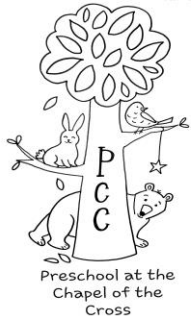


APPLICATION FOR TUITION ASSISTANCE

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 **April 1, 2020** for first consideration for the 2020-2021 school year. The Scholarship Committee (consisting of the Scholarship Chair, Treasurer, Assistant Treasurer, and VP of Enrollment) will meet in May 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. Families will be notified of the individual scholarship allocations by the end of May. All scholarship information will remain strictly confidential, only to be shared with the members of the Scholarship Committee.

Please email scholarship@pcc-ch.org with questions at any time and to submit your application for tuition assistance.



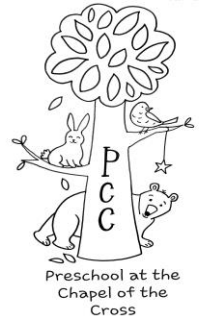
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Date of Application: _____

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: _____

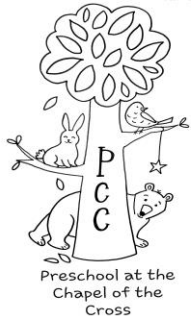
Number of days per week the child will attend PCC: _____

How much assistance are you requesting? _____%

Is it a short-term or year-long need? _____

If this application is submitted mid-year, please give a brief explanation of the change in circumstances:

Is there anything else you would like us to know to help us understand your need?



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Family Annual Income and Assets:	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	_____	_____
	_____	_____
Approximate value in bank accounts	_____	_____
	_____	_____
Other Investments (Net Value)	_____	_____
	_____	_____
Monthly Expenses and Liabilities:	_____	_____
1 st Mortgage	_____	_____
2 nd Mortgage	_____	_____
Rent	_____	_____
Utilities	_____	_____
Net Business Losses	_____	_____
Student Loans	_____	_____
Car Loans	_____	_____
Health Insurance Payments	_____	_____
Outstanding Medical Bills	_____	_____
	_____	_____
Other Indebtedness	_____	_____

**Please attach a copy of last year's tax returns (1040s only).
 These documents will be shredded/destroyed upon review of your application.**

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