



United Church of Christ

467 North Judd Street • Honolulu, Hawaii 96817 • (808) 536-8418 • Fax (808) 522-1731

PALI PRESCHOOL SCHOLARSHIP

Financial aid, in the form of partial scholarships, is available for students to attend Pali Preschool. The scholarships are funded and administered by the United Church of Christ as part of its Christian commitment to the community.

This scholarship program is intended to assist families whose children would benefit from instruction at Pali Preschool, but who do not have sufficient financial resources.

Children must meet the age qualifications required for Pali Preschool enrollment.

Annual funds for this program are limited.

Selection Criteria

The major criterion for selection is financial need. Other factors affecting the welfare of the child and family may be considered.

The Scholarship Committee will use the following criteria for selection of scholarship recipients:

1. Financial Need
 - a. Financial need shall be the most important criterion.
2. Other Considerations
 - a. Need for parent(s) to work or pursue other required activity (e.g. provide cared for other family members).
 - b. Extraordinary conditions or hardship.

The Scholarship Committee does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status [of the child and/or parent(s)/guardian(s)].

This institution is an equal opportunity provider.

Application Procedures

1. Complete an application for, including the financial disclosure section.
2. Send or submit application form in an envelope addressed to:

Pali Preschool Scholarship Committee
United Church of Christ
467 North Judd Street
Honolulu, HI 96817
3. Applications must be submitted by March 31 to be considered for entry to Pali Preschool in June of the same year. Applications submitted after March 31 will be considered if scholarships are still available.
4. Recipients may reapply for each year.
5. Personal interviews of the applicant's family may be requested.
6. Selection of the recipients will be made by the Scholarship Committee.
7. Applicants will be notified of the Scholarship Committee's decision by May 15.



467 North Judd Street

Telephone: (808) 523-6495

Honolulu, Hawaii 96817

Fax: (808) 537-5780

SCHOLARSHIP APPLICATION

Name of Child _____ Birthdate _____
Last First Middle Month/Day/Year

Does child attend Pali Preschool now? Yes [] No [] Will start _____
Month / Year

PARENTS' (or GUARDIANS') INFORMATION

Name of Mother _____ Work Phone _____

Name of Father _____ Work Phone _____

Child lives with: [] both parents [] single parent [] other _____
Check one response and specify relationship of person to child if other than parent

Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

List persons who are financially supported by the child's parent(s)/guardian:

	<u>Name</u>	<u>Age</u>	<u>Relationship to child</u>	<u>Employed?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

CERTIFICATION: I (We) certify that the information on both sides of this application is true and correct to the best of my (our) knowledge.

Mother's/Guardian's Signature _____ Date _____

Father's/Guardian's Signature _____ Date _____

Why do you want your child to attend Pali Preschool?

Are there special family circumstances that the Scholarship Committee should be aware of?

Would your child attend Pali Preschool without tuition assistance? Yes [] No []

Have you applied for other sources of tuition assistance? Yes [] No []

If yes, name the organization(s) to which you have applied:

FINANCIAL DISCLOSURE

Father's/Guardian's Occupation(s): _____

Employer(s) _____

Father's/Guardian's Gross annual earnings from all jobs \$ _____

Mother's/Guardian's Occupation(s): _____

Employer(s) _____

Mother's/Guardian's Gross annual earnings from all jobs \$ _____

Other sources of annual income (indicate source and amount)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Annual Income \$ _____

Attach a copy of your latest Federal tax return

COMMITTEE USE ONLY:

Child's Age _____

Parent Status _____

Number of Dependents _____