

HILLTOP PRESCHOOL OF ZION LUTHERAN CHURCH

Sally E. Grushon Scholarship Application 2012-2013

Scholarships are available on the basis of need. All information is kept strictly confidential. Deadline for application is August 1.

Child's Full Name:	
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian
<input type="checkbox"/> Mr <input type="checkbox"/> Dr	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Name:	Name:
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Occupation:	Occupation:
Job Title:	Job Title:
Business Name:	Business Name:
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Work Phone:	Work Phone:

1. Check the program in which your child will enroll:

Preschool Only: Yellow Bugs Orange Bugs Red Bugs
 Preschool with Wraparound: Plan A Plan B Plan C Plan D Plan E Plan F

2. Family size _____ 3. Number of Dependents: _____

3. Annual family income: \$ _____ .00. Please provide current pay stub and W-2.

4. Please use this space to further explain your need for financial assistance:

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Sally E. Grushon Scholarship Procedures

Hilltop Preschool of Zion Lutheran Church offers the Sally E. Grushon Scholarship to families who qualify for tuition assistance. Scholarships are determined on the basis of need. Scholarship funds will be disbursed according to the following procedures:

1. Scholarship applications may be picked up at the school office or downloaded from our website at www.hilltoppreschool.org.
2. Due to limited scholarship funds, scholarships will be awarded on a first come, first serve basis.
3. Family income qualification follows the Kalamazoo Public School's reduced meal prices criteria. See chart below.
4. The previous year's tax return and current pay stub or W-2 acts as proof of income.
5. The Administrative Assistant will advise families of their scholarship award.
6. Scholarship recipients are expected to meet all financial obligations in full as outlined in the Enrollment Contract.

Total Family Size	Annual	Monthly	Twice Monthly	Every Two Weeks	Weekly
1	\$20,147	\$1679	\$840	\$775	\$388
2	\$27,214	\$2268	\$1134	\$1047	\$524
3	\$34,281	\$2857	\$1429	\$1319	\$660
4	\$41,348	\$3446	\$1723	\$1591	\$796
5	\$48,415	\$4035	\$2018	\$1863	\$932
6	\$55,482	\$4624	\$2312	\$2134	\$1067
7	\$62,549	\$5213	\$2607	\$2406	\$1203
8	\$69,616	\$5802	\$2901	\$2678	\$1339
*For each additional household member add:	\$7067	\$589	\$295	\$272	\$136