

Graham Academy Preschool Scholarships

We understand that the expense of preschool may be a strain on a family's budget, and helping eligible families reduce their cost through scholarships is important to our program.

Most of our scholarship funds are provided through private donors and granting organizations who care about children and believe that the Graham Academy Preschool at the Washington Pavilion provides a high-quality, unique preschool experience that provides learning for the whole child and emphasizes hands-on creativity and learning.

Our process is as follows:

1. **APPLICATION:** Available by contacting the Director of the Community Learning Center at the Washington Pavilion.
2. **DEADLINE:** Applicants must submit their information at any time, the awarding of scholarships is open-ended. Please mail it to:

The Washington Pavilion of Arts and Science
Attn: Community Learning Center Director
301 S. Main Ave.
Sioux Falls, SD 57104
3. **NOTIFICATION:** Applicants will be contacted after receipt of the scholarship application and notified of the anticipated time-line of the scholarship decision. Our scholarship committee and the Director will review all applications, and will notify all applicants of their decision.
4. **AGREEMENT:** Applicants who are approved for a scholarship will receive a scholarship agreement outlining the school and family expectations for tuition payment and fulfillment of school policies, at which time they may accept or reject the scholarship. The agreement must be signed and returned to the Washington Pavilion.
5. **Our financial assistance fund is limited, and while all requests are considered, we cannot guarantee that all applicants will receive assistance.** The decisions of the scholarship committee are based on number of requests, family circumstances, and, funding availability, and individual needs.
6. **QUESTIONS** about the process may be directed to Rose Ann Kelly, Community Learning Center Director, (605) 731-2350.

Graham Academy Preschool Scholarship Application Form

*The confidential nature of financial information will be respected.
Applications will be considered based upon class openings and available scholarship funds.*

Child's Name _____ Date of Birth _____ Sex _____

Parent's Name _____

Address _____ Tel _____

Parent's Name _____

Address _____ Tel _____

Names and ages of other children in family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Others living with or supported by family:

Parent's Occupation _____

Employer _____

Length of Employment _____ Hours Worked Per Week _____

Parent's Occupation _____

Employer _____

Length of Employment _____ Hours Worked Per Week _____

** Annual Family Income \$ _____

Please itemize any non-taxable income: grants, social security, benefits, etc. Add extra sheet if necessary.

Please use the space below to help us understand your reason for requesting financial assistance (*you may utilize the back if necessary*):

** We can pay about _____ per month. (Please provide a suggested amount.)

I/we declare that the information reported on this form is true, correct & complete to the best of my/our knowledge. The Washington Pavilion has permission to verify the information reported above.

Signed _____ Date _____

Please return to: The Washington Pavilion/Attn: Director of Community Learning Center/301 S. Main Ave./Sioux Falls, SD 57104