

FILL OUT THIS FORM ONLY IF YOU NEED FINANCIAL ASSISTANCE

**UNALASKA CITY SCHOOL
PRESCHOOL/PREKINDERGARTEN
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

Applicant's Name _____

Address: P.O. Box _____ Unalaska 99685 _____ Dutch Harbor 99692

Street Address: _____

Work Phone: _____ Res. Phone: _____

Applicant's relationship to participant: _____

Does participant live with you at the above address: _____

If no, please explain: _____

Have you enrolled in the scholarship program in the past? _____

Student Name:		
% waved Circle the amount you can pay	Amount Off	Amount You Owe
Preschool \$90.00		
75%	\$67.50	\$22.50
50%	\$45.00	\$45.00
25%	\$22.50	\$67.50
Pre-Kindergarten \$115.00		
75%	\$86.25	\$28.75
50%	\$57.50	\$57.50
25%	\$28.75	\$86.25

Please state the circumstances that you feel qualifies you for the scholarship program. Explain why paying for the above class(es) creates a hardship. Include monthly income plus major expenses such as rent or anything else that supports your request.

(If you need more space, please attach an additional sheet)