

The Anaya Renee Bright Start Scholarship

SCHOLARSHIP GUIDELINES - School Year 2018-2019

An education from The Freedom Montessori School is an investment in your child's future. We realize that education costs are a significant financial commitment and may be a challenge for some families. The Anaya Renee Bright Start Scholarship will provide partial scholarship to a family. Financial aid is available to current students and new applicants if student parents' or guardian meet qualifications.

APPLICANTS MUST SUPPLY THE FOLLOWING INFORMATION

1. Parents or guardians must complete the scholarship application by June 30, 2018.
2. Scholarships may only be used at Freedom Montessori School.
3. Scholarship will provide the recipient(s) with partial tuition for the school year 2018-2019. It is our intention to award up to 50% towards 2 (two) **full time students for their tuition**. The scholarship will not cover other fees such as registration, before and after school care, lunches, field trips, etc.
4. The term of this scholarship is for one school year. Existing scholarship will be given first preference for a scholarship for the coming year, based upon compliance with the contractual obligation of the scholarship.
5. Scholarship will be revoked in the event the child's tuition is not paid on time in accordance with the terms and conditions of the Tuition Agreement (The Anaya Renee Bright Start Scholarship) and/or if parents' or guardian violate any of Freedom Montessori's Policies as outlined in their Parent Handbook.
6. Scholarship will be revoked if it is determined that parents' or guardian provided false information on the scholarship application and/or the supporting documentations.
7. Applications are available at the Freedom Montessori school office, on the school's website at www.freedommontessori.org or Carolina Sinus Center a division of ENT Audiology & Associates website www.carolinasinuscenter.org All applications will be reviewed as they are received. Applicants will be notified of Carolina Sinus Center a division of ENT Audiology & Associates decision by July 31, 2018.
8. **Proof of income is required.** Please provide a copy of the following: tax returns; W-2's for both parents for the previous year; copies of both parents' pay stubs for four weeks prior to the submission of the application. If you qualify for the ABC program or other tuitions, you are not eligible for scholarship assistance.
9. Scholarship is for any child whose parents' meet the required criteria from Carolina Sinus Center a division of ENT Audiology & Associates and Freedom Montessori.
10. **If a student's parents' or guardian is a member of Freedom Temple Ministries and qualifies, they will be given first choice.** However, a student's parents' or guardian do not have to be a member of Freedom Temple Ministries to obtain a scholarship.
11. Children with parents employed by Freedom Temple Ministries or Freedom Montessori are ineligible for the scholarship.
12. **Refund Policy:** If a student leaves before designated term of scholarship is used, the remaining scholarship donation will be applied to another student once criteria has been met.
13. Please contact Ms. Bernice Oats at 803.328.3686 or b_oats@entaac.org if you have any questions or concerns.

I have read the guidelines:

Signatures: _____ Date: _____

CAROLINA SINUS CENTER

APPLICATION FOR ADMISSION

Before you fill out this application, please read the first page of the Application Guidelines. Please use a **black ball-point pen**. If an item does not apply to you, simply leave it blank. All information is Confidential

SECTION 1 Parent/Guardian Information (Parents, Stepparents, Guardian do not list divorced parent living outside the household)

Parent/Guardian #1

Last Name First Name Mid Initial Year of Birth

Day Phone Number

Relationship to Student in Household (choose one or more items)

Parent Stepparent Guardian

Work Status (Choose one or more item)

Employed Unemployed Retired Self Employed

Parent/Guardian #2

Last Name First Name Mid Initial Year of Birth

Day Phone Number

Relationship to Student in Household (choose one or more items)

Parent Stepparent Guardian

Work Status (Choose one or more item)

Employed Unemployed Retired Self Employed

SECTION 2 Household Address Information

Street

City

State

Zip

Home Phone

E-mail Address (please enter a valid e-mail address – we will use the address for correspondence)

SECTION 3 List all jobs held by Parent(s) / Guardian(s) (Even if no longer at that job)

1. Whose Job? 2. Employer 3. Currently at Job? 4. Wages, Tips, other Compensation

Job #1 P/G #1 P/G #2 _____ Yes _____

Job #2 P/G #1 P/G #2 _____ Yes _____

Job #3 P/G #1 P/G #2 _____ Yes _____

SECTION 4 Other Monthly Income Monthly Social Security For:

1. Welfare Income 2. Food Stamps 3. Parent(s) / Guardian(s) 4. Dependents under 19

\$ _____ \$ _____ \$ _____ \$ _____

SECTION 5 If you Pay Rent or Mortgage

SECTION 6 Yearly Expenses

1. Monthly Rent or Mortgage 2. Yearly Insurance 1. Electricity 2. Gas, Oil 3. Water/ Sewer

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

SECTION 7 Asset and Debt Automobiles

Information for vehicles that you own

1. # of Vehicles 2. Total Debt 3. Yearly Insurance Cost 4. Make of Primary Vehicle 5. Make of Secondary Vehicle
_____ \$ _____ \$ _____ \$ _____ \$ _____

SECTION 8 Class Child Will Attend

Preschool: _____ Full Day _____ Half Day _____ Days Attending

Pre-Kindergarten: _____ Full Day _____ Half Day _____ Days Attending

SECTION 9 Monthly Alimony and Child Support Payments

1. Number of Children Supported 2. Yearly Child Support Paid
_____ \$ _____

SECTION 10 Other Day Care and School Expenses (include summer camp & before or after school care expenses)

1. Dependent Name	2. Age	3. Payments
Dependent #1 _____	_____	\$ _____
Dependent #2 _____	_____	\$ _____
Dependent #3 _____	_____	\$ _____
Dependent #4 _____	_____	\$ _____
Dependents #5 _____	_____	\$ _____

SECTION 11 Miscellaneous Debt (do not list debt on home or property, medical debt or debt for cars)

1. Credit Card \$ _____	2. Bank Loans (do not include home mortgages) \$ _____	3. Loan Companies \$ _____
4. Education - Dependents \$ _____	5. Education - Parent(s) / Guardian(s) \$ _____	7. Other Debt \$ _____

SECTION 12 Are There Special Circumstances

- Your household is expecting another child this year.
- You are in the process of a divorce or separation.
- Your spouse will not cooperate in completing this form.
- There has been a recent death in the household.
- Are you widowed.
- A household family member has a problem (addictions, medal illness, etc.) that is causing financial stress for the family.
- Your household does not pay rent or mortgage.
- A household member has been recently diagnosed as severely ill.
- You a member of the military or clergy.

Additional circumstances that you would like us to consider (Proof of circumstances maybe required)

SECTION 13 List all Dependents in the Household

Freedom Montessori cannot process your application without this information.

1. Last Name	2. First Name	3. M.I.	4. Birth Date & Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 14 Statement and Signatures

I declare that the information on this form is to the best of my knowledge, correct and complete. I authorize the transmittal of the information on this form to the school to which my child/ren are applying for tuition assistance. I agree, if requested, to send additional information to support statements on this form.

_____ Parent/Guardian #1 Signature	_____ Date	_____ Parent/Guardian #2 Signature	_____ Date
_____ Administrator	_____ Date		

SECTION 15 OFFICE USE ONLY: Special Code Information for Billing

Scoring the Application: _____

Code Number: _____ Date Approved: _____

AMOUNT SCHOLARSHIP WILL PAY FOR STUDENT \$ _____
 Full Day Half Day _____ Days Attending

AMOUNT PARENT(S) / GUARDIAN(S) WILL PAY FOR CHILD \$ _____
 Full Day Half Day _____ Days Attending