

FBC Weekday Education Ministry Melinda White Memorial Scholarship

FBC Weekday Education Ministry is excited to offer the Melinda White Memorial Scholarship to the Chilton County Community. This scholarship is made possible by donations made to FBC Weekday Education Ministry in memory of Mrs. Melinda White.

Program Details

- Scholarship deadline is March 27, 2020.
- Scholarship funds will be paid directly to FBC Weekday Education Ministry.
- Scholarship recipient will be asked to complete a program agreement.
- Applicants must submit a copy of the most recent Income tax form.
- If any information is falsified on this application or supporting documentation, the scholarship will be immediately revoked and all tuition will be the responsibility of the parents or legal guardian.
- Only the first ten applications will be accepted per school year.
- Only one scholarship will be awarded per school year.
- The scholarship will cover the registration fee, tuition and a school shirt for one four year old student enrolling in the three day program. These three days will be Monday, Wednesday and Friday 8:30 a.m. to 11:30 a.m.
- All money for special events (field trips, school pictures, etc.) and classroom fee will be the responsibility of the parents or guardian.

Eligibility Requirements:

- The child must be four years old prior to September 1, 2020 to qualify.
- A family must meet the income guidelines as established and must provide supporting documentation. Documentation must be provided for all persons contributing to the family income.

<u>Household Size</u>	<u>Income Eligibility Guidelines</u>
2	16,910
3	21,330
4	25,750
5	30,170
6	34,590
7	39,010
8	43,430

* Guidelines based on the 2019 Poverty Guidelines that were updated in January 11, 2019.

FBC Weekday Education Ministry
Melinda White Memorial Scholarship Application
2020/2021

Date: _____

Child's Full Name: _____ Date of Birth: ____/____/____

Mother/Guardian Name: _____

Address (including city and zip): _____

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____

Employer Address: _____

Monthly Income: _____ Work Phone: (____) _____

Father/Guardian Name: _____

Address (including city and zip) _____

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____

Employer Address: _____

Monthly Income: _____ Work Phone: (____) _____

Child lives with: Mother ____ Father ____ Both ____ Other: _____

Family Size: _____ Adults _____ Children

Total Family Income: (including all members contributing to the income of the household) \$ _____

Do you or anyone in your household receive additional financial assistance from any of the following?

Unemployment: \$ _____ Alimony: \$ _____ Disability: \$ _____

Child Support: \$ _____ Social Security: \$ _____ Other: \$ _____

Please explain any special financial circumstances affecting the family's budget at this time.

Please explain how you feel a relationship with FBC Weekday Education would benefit your child and family.

Are you able to contribute any finances to your child's tuition? Yes _____ No _____

If so, how much? _____

Are you requesting a: Full Scholarship (100%) _____ Partial Scholarship (50%) _____

Is enrollment at FBC Weekday Education contingent upon receipt of the scholarship? Yes _____ No _____

I hereby certify that all information contained in this application is true and correct. In addition, I have attached a copy of my most recent tax form. Scholarship request will not be considered without appropriate documentation. I understand that this information may be shared with FBC Weekday Education committee to make a final decision on eligibility. Financial documentation will be used solely to determine eligibility. I also understand that misrepresentation of the information contained in this document does constitute fraud and will, therefore, deem this application null and void.

Signature of Parents or Guardians: _____ Date: _____

_____ Date: _____

FBC Weekday Education Ministry
Melinda White Memorial Scholarship
Parent Obligation Form

*To be completed by parent: (please initial each)

_____ I understand that in order for my application to be processed correct documentation must be submitted as stated above and it is not the responsibility of FBC weekday Education to contact me if incorrect documentation is submitted. The application will not be processed in such case.

_____ I understand the FBC Weekday Education will monitor my Child's attendance and that my child's preschool tuition scholarship will continue as long as he/she attend preschool regularly.

_____ I will notify FBC Weekday Education (205-755-3857) if my child stops attending preschool so that payment is discontinued.

_____ I will notify FBC Weekday Education (205-755-3857) if I have a change in contact information.

_____ I will notify FBC Weekday Education (205-755-3857) if our household income increases.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

Please return the application, this obligation form, and income Information to the preschool, or send to our office:

Attention: Jane Lawson (Director)
First Baptist Church Weekday Education
210 6th Street North
Clanton, AL 35045

For questions call (205) 755-3857
or email: melindaandmarymell@gmail.com