



United Church of Christ

467 North Judd Street • Honolulu, Hawaii 96817 • (808) 536-8418 • Fax (808) 522-1731

PALI PRESCHOOL FINANCIAL AID

Financial aid, in the form of partial tuition assistance, is available for students to attend Pali Preschool. The financial aid is funded and administered by the United Church of Christ as part of its Christian commitment to the community.

This financial aid program is intended to assist families whose children would benefit from instruction at Pali Preschool but who do not have sufficient financial resources.

Children must meet the age qualifications required for Pali Preschool enrollment.

Annual funds for this program are limited.

Selection Criteria

The major criterion for selection is financial need. Other factors affecting the welfare of the child and family may be considered.

The Financial Aid Committee will use the following criteria for selection of scholarship recipients:

1. Financial Need
 - a. Financial need shall be the most important criterion.
2. Other Considerations
 - a. Need for parent(s) to work or pursue other required activity (e.g. provide care for other family members).
 - b. Extraordinary conditions or hardship.

The Financial Aid Committee does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status [of the child and/or parent(s)/guardian(s)].

This institution is an equal opportunity provider.

Application Procedures

1. Complete an application form, including the financial disclosure section.
2. Send or submit application form in an envelope addressed to:

Pali Preschool Financial Aid Committee
United Church of Christ
467 North Judd Street
Honolulu, HI 96817

3. Financial Aid Applications must be submitted between January 1 and March 31 to be considered for tuition assistance for the upcoming school year. Applications submitted after March 31 will be considered if funds are still available.
4. Financial Aid Applications must be submitted with tax return for the year prior to the upcoming school year.
5. Recipients must reapply for financial aid each year.
6. Personal interviews of the applicant's family may be requested.
7. Selection of the recipients will be made by the Financial Aid Committee.
8. Applicants will be notified of the Financial Aid Committee's decision by May 15.



467 North Judd Street

Telephone: (808) 523-6495

Honolulu, Hawaii 96817

Fax: (808) 537-5780

FINANCIAL AID APPLICATION

Name of Child _____ Birthdate _____
Last First Middle Month/Day/Year

Home Address _____ City _____ State _____ Zip Code _____

Does child attend Pali Preschool now? Yes [] No [] Will start _____
Month / Year

PARENTS' (or GUARDIANS') INFORMATION

Parent's/Guardian's Name _____ Email: _____

Home Address _____ City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____ Home Phone _____ Best time to call _____

Parent's/Guardian's Name _____ Email: _____

Home Address _____ City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____ Home Phone _____ Best time to call _____

Child lives with: [] both parents [] single parent [] other _____
Check one response and specify relationship of person to child if other than parent

List persons who are financially supported by the child's parent(s)/guardian:

	<u>Name</u>	<u>Age</u>	<u>Relationship to child</u>	<u>Employed?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

CERTIFICATION: I (We) certify that the information on both sides of this application is true and correct to the best of my (our) knowledge.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Why do you want your child to attend Pali Preschool?

Are there special family circumstances that the Financial Aid Committee should be aware of?

Would your child attend Pali Preschool without tuition assistance? Yes [] No []

Have you applied for other sources of tuition assistance? Yes [] No []

If yes, name the organization(s) to which you have applied:

FINANCIAL DISCLOSURE

Parent's/Guardian's Occupation(s): _____

Employer(s) _____

Parent's /Guardian's Gross annual earnings from all jobs \$ _____

Parent's/Guardian's Occupation(s): _____

Employer(s) _____

Parent's /Guardian's Gross annual earnings from all jobs \$ _____

Other sources of annual income (indicate source and amount)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Annual Income \$ _____

Attach a copy of your latest Federal tax return

COMMITTEE USE ONLY:

Child's Age _____

Parent Status _____

Number of Dependents _____