

## **The Rose Scholarship Guidelines**

- 1) You must attach the following documentation to verify your financial situation:
  - a) Proof of residency
  - b) Copy of your 2024 tax return
  - c) Most current pay stub (within the last two weeks)
  - d) Proof of any government assistance received
- 2) All application information including attached documents must be fully completed and submitted by the deadline for the application to be considered.
- 3) The child must be 2 years of age by August 13, 2025 or between 3-5 years of age by September 1, 2025.
- 4) Scholarship applicants must be residents of the San Dieguito School District.
- 5) Solana Beach Presbyterian Church and Preschool employees and their families are exempt from applying and receiving a scholarship.
- 6) This scholarship is only applicable for the year in which it is awarded. The family must reapply for each year attended.
- 7) There will be no cash or financial exchange from the Preschool to the family awarded this scholarship.
- 8) All application information will be maintained by Solana Beach Presbyterian Preschool in the strictest of confidentiality and will not be used for purposes outside of determining eligibility of this scholarship.
- 9) The parent/guardian must notify the Preschool with a 30 day written notice if they wish to withdraw from the Preschool. Withdrawal will null and void scholarship funding.
- 10) Scholarship funding will only apply to original scholarship application petitions. If additional hours or school days are requested by the parent/guardian please note that current tuition and fees will apply. Additional fees incurred will be billed directly to the parent/guardian. In addition, enrichment classes or summer camp fees do not apply to the scholarship fund.
- 11) The parent/guardian will be responsible for any late pick up fees accrued. Continuous late pick up may result in revocation of scholarship.

12)Children need to attend at least 90% of their enrolled schedule per month. With the exceptions of illness, or other extenuating circumstances, missing more than 10 days per term or 20 days per school year will render you ineligible for scholarship. You will be dismissed from the program

13)Parent/Guardian must also adhere to all Solana Beach Presbyterian Preschool guidelines stated in the Parent Handbook.

**Parent/Guardian Signature:**

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that the information provided will be used solely for the purpose of determining eligibility for a preschool scholarship and will be kept confidential. If a scholarship is awarded, I understand that I will have to re-apply and provide updated financial information for each school year needed for the child.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

# The Rose Scholarship Application

## **Family Information**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian #1 Full Name: \_\_\_\_\_

Relationship To Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Parent/Guardian #2 Full Name:

\_\_\_\_\_

Relationship To Child: \_\_\_\_\_ Phone Number:

\_\_\_\_\_

Email: \_\_\_\_\_

Home

Address: \_\_\_\_\_

Number of Dependents in Household (Under 18 Years Old): \_\_\_\_\_ Marital Status: \_\_\_\_\_

## **Financial Information**

Parent/Guardian #1 Employment Status:	Employed Full Time	Employed Part Time	Unemployed
	Self Employed	Other (Please Specify)	_____

Parent/Guardian #2 Employment Status:	Employed Full Time	Employed Part Time	Unemployed
	Self Employed	Other (Please Specify)	_____

Combined Gross Annual Household Income: \_\_\_\_\_

Type Of Assistance Needed:    Full Scholarship    Partial Scholarship

Are you able to make a monthly good faith contribution towards tuition? If so, how much?

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Do you currently receive any government assistance (e.g. SNAP, Medical, WIC, etc.)?

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**Child Information**

What kind of schedule were you hoping for your child? (Tuition based hours are 8:30AM - 12PM.)

5 Days            MWF            T/TH

Early Morning (7:30AM Drop Off)?    Yes            No

Lunch Hour (12PM - 1PM)?    Yes            No

Extended Care (1PM - 3:30PM)?    Yes            No

Has this child ever attended Preschool, daycare, etc before?

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Does your child currently receive any services such as Speech, Occupational, or Behavioral therapy?

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**Personal Statement:**

(Please provide a personal statement explaining your financial need and how this scholarship would benefit your child and family.)

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**Personal References:**

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number : \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number : \_\_\_\_\_

3) Name : \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number : \_\_\_\_\_