



Application # \_\_\_\_\_

# HOPKINS HOUSE

*Learning Center for Children, Youth, and Their Families*

## Preschool Scholarship Committee Reviewer Recommendation Form

**SECTION A: This Section to be completed by Parent and submitted to Academy Principal**

**Applicant's Full Name:** \_\_\_\_\_

**Scholarship Request For:** Student's Full Name: \_\_\_\_\_

**Preschool Academy:** ( ) Helen Day ( ) James L. & Juliette McNeil ( ) Innovative

Class Level	Infant	Toddler	Preschooler	Jr. K-Prep	K-Prep
<i>Mark "X" in box</i>					
<b>Weekly Tuition Amount</b>	\$	\$	\$	\$	\$

**Type of Application:** ( ) **New Applicant**  
 Student has been enrolled in Academy at least 3 months? ( ) Yes ( ) No  
 ( ) **Renewal Applicant**  
 Tuition for this Student current? ( ) Yes ( ) No  
 Parent has completed required volunteer hours? ( ) Yes ( ) No

**Principal's Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**SECTION B: This section to be completed by Central Office**

**Submission to Committee:**

\_\_\_ **Declined:** ( ) Missing/Incomplete Documentation ( ) Applicant Ineligible  
 ( ) Other: \_\_\_\_\_  
 \_\_\_ **Submitted:** File is complete and in order

**Reviewer's Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**SECTION C: This section to be completed by Scholarship Committee Reviewer**

**Recommendation: (Mark the appropriate box):**

\_\_\_ **Deny:** Reason: \_\_\_\_\_  
 \_\_\_ **Approve:** Reason: ( ) Hopkins House Employee ( ) Parent Council Member  
 ( ) Financial Need Unchanged ( ) Other: \_\_\_\_\_

Total = <i>(Amount in Section A above)</i>	Parent Pay Amount <i>(Weekly)</i>	- Scholarship Amount <i>(Weekly)</i>		Start Date <i>(Monday)</i>	End Date <i>(Friday)</i>	= Total Weeks	= Total Scholarship <i>(Scholarship Amount x Weeks)</i>
\$	\$	\$					\$

**(Important: See Scholarship Amount Chart on Reverse Side of this Form)**

**Reviewer's Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Committee Chair's Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_