

Stepping Stones Learning Schools

Scholarship Information Form 2016-2017

Stepping Stones Learning Schools (SSLS) values and supports families. We are pleased to offer low income working families a comprehensive scholarship program. Scholarship applications and documentation are kept strictly confidential.

SCHOLARSHIP TIMELINES

- Scholarship Period: Begins Monday, July 11, 2016 until all scholarships have been awarded
- Award Notification: Within 3 business days of application via email or in person (Please check your spam/junk folder)
- Scholarship Acceptance: Within 3 business days of award notification secured with Enrollment Fee for all approved students

SCHOLARSHIP CRITERIA

Ten (10) Scholarships awarded will be based on the following criteria:

1. Scholarship funds are available for full-time preschool program students only. Three Day, Half Day, & Crystal Care students are ineligible.
2. Awards will cover the current academic school year (August-July) at a reduced rate of \$65.00 per student
3. Families will not be eligible for any other discounts or Tuition Free Weeks
4. Tuition must be paid weekly, biweekly, or monthly on time or scholarship rate is forfeited
5. Eligible scholarship families with more than one eligible preschool child may be awarded a scholarship for each eligible child in the family
6. Scholarship recipients are required to pay Student Enrollment Fees and any other applicable fees listed in the Parent Handbook
7. Financial aid will only be applied to the regular weekly tuition, is not transferable, cannot be used for fees, or refunded.
8. The family's size and annual gross income is based on the following income guidelines:

Family Size Monthly Gross Income Not to Exceed:

- 2 - \$1300.00 \$15,600 annually
- 3 - \$1700.00 \$20,400 annually
- 4 - \$2100.00 \$25,200 annually
- 5 - \$2500.00 \$30,000 annually
- 6 - \$2900.00 \$34,800 annually

(For each additional family member, add \$400.00)

REQUIRED APPLICATION DOCUMENTS

1. SSLS Enrollment Application
2. Scholarship Application
3. Birth Certificates for All Children in Household
4. Immunization Records for Enrolled Students
6. Proof of Income for All Adults in Household – Payroll Stubs (within 30 days of date of application) *Parent is required to be employed to be eligible.

SCHOLARSHIP APPLICATION SUBMISSION

1. Required Application Documents listed above in a Sealed Envelope
2. Application Must be Signed & Completed Entirely
3. Submit Completed Applications In Person to Stepping Stones Learning Schools , 6155 Guion Road, Suite B, Indianapolis, IN 46254
4. Faxed or Emailed Applications Are Not Permitted. Incomplete Applications will not be denied.

Stepping Stones Learning Schools

Scholarship Application 2015-2016

The information on this application will be used to evaluate your scholarship request. Please add any information you feel may be helpful in considering your request. Approval is based on financial need, the number of qualified applicants, and the availability of scholarship funds. Scholarship applications are kept strictly confidential and are reviewed solely by the director of Stepping Stones Learning Schools.

HOW MANY SCHOLARSHIPS ARE YOU APPLYING FOR? 1 2 3 4 5

TOTAL FAMILY SIZE, INCLUDING ADULTS AND CHILDREN (#): _____

CHILD INFORMATION – Please list ALL children in your household

- 1. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 2. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 3. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 4. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 5. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 6. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____

PARENT INFORMATION

Adult #1 – First & Last Name: _____

Home Address _____

Cell Phone (_____) _____ - _____

Place of Employment/School _____

Work Phone (_____) _____ - _____

Email Address _____

Monthly Income: \$ _____ Source of Income: _____

Adult #2 – First & Last Name: _____

Home Address _____

Cell Phone (_____) _____ - _____

Place of Employment/School _____

Work Phone (_____) _____ - _____

Email Address _____

Monthly Income: \$ _____ Source of Income: _____

The information provided above is accurate to the best of my knowledge. I understand that I may be required to provide additional information by the Director for verification purposes. Any information found be fraudulent will be grounds for disqualification and withdrawal from Stepping Stones Learning Schools . In addition, I have reviewed and agree to the terms set forth on the Scholarship Information Form.

Signature of Parent/Guardian _____ Date _____

QUESTIONS:

Director: Temicka Moore
Phone: (317) 476-2176
Email: director@sslschools.com