



POLLY COX MEMORIAL SCHOLARSHIP APPLICATION FORM

The Polly Cox Memorial Scholarship Fund was established in 1984 in memory of Polly Cox. Polly was a valued friend and member of Dulin, and served on the Executive Board from 1983- 1984. The purpose of this tuition scholarship is to provide funds for families who would otherwise be unable to attend Dulin or to help current families continue their enrollment at Dulin during times of financial hardship.

Child's name: _____

Parent/guardian name(s): _____

Address: _____

Primary E-mail: _____ Primary Phone: _____

Child's class at Dulin:

_____ Bears (2 days/week) _____ Owls (3 days/week) _____ Lions/Foxes (4 days/week)

Dulin Cooperative Preschool awards tuition and/or hardship scholarships. Scholarships will be awarded based upon need and may provide up to 80% of total tuition cost. Scholarship funds are intended to aid in the cost of tuition, and cannot be used for application fees, enrollment deposits, Enrichment tuition, or Lunch Bunch fees. The family is responsible for providing the remaining tuition and fees, due on the dates outlined in the preschool Family Handbook. We ask that even families on scholarship contribute towards their child's tuition at Dulin. This helps us to help as many families as possible. All other participatory obligations to the preschool remain the responsibility of members receiving financial assistance.

Total household income: \$ _____

What is a reasonable amount that your family can contribute on a monthly basis? \$ _____/month

Are you experiencing a temporary financial setback, or will you require ongoing financial assistance throughout the school year? _____

If it's temporary, how long do you expect to need assistance? _____

Is your enrollment at Dulin contingent upon receiving this scholarship? Y _____ N _____

Is there anything else you'd like the Scholarship Committee to consider when making our decision?

I hereby certify that all the information contained in this application is true and correct. I understand that any misrepresentation of the information contained in this document constitutes fraud and will, therefore, deem this application null and void. I agree to notify the Scholarship Committee of the preschool if there is any change in our income or in our situation that may affect our eligibility for financial aid.

Signature: _____ Date: _____

Return this form to the Administrative Director or Director as soon as possible. Applicants will be notified by the Scholarship Committee, which is comprised of the Director, Administrative Director and President, regarding scholarship award decisions. If your application is submitted before February 15th, we will make every effort to render a decision by the time admissions decisions are made. Scholarship applications submitted after February 15th will be considered on a rolling basis. Scholarship applications for returning students must be resubmitted annually along with the application for admissions. All information contained within this form, as well as the decision of the committee, will be strictly confidential.

Questions? Contact the Administrative Director at admindirector@dulinpreschool.org

Dulin Cooperative Preschool does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship programs, or other school-administered programs.

OFFICIAL USE ONLY			
Date Rec'd: _____	Rec'd by _____	Scholarship recommendation/award: _____	Revised: Feb 2023