

Mary E. Phillips & Wendi Hirshberg Memorial Scholarship Fund Applications

The Mary E. Phillips Scholarship Fund and the Wendi Hirshberg Memorial Fund are supported and administered by South Seattle College's Parent Advisory Council (PAC). Scholarships are awarded to families that need financial support to participate in cooperative preschool.

Who is eligible and how is financial need determined?

- Current members in good standing and active participants
- New members committing to active participation
- Financial need is demonstrated
- Application is submitted on time **each quarter**

The chart below from OSPI provides income guidelines. If family income exceeds the figures in the chart, special consideration may be given to exceptional financial circumstances.

Applications are reviewed by a small confidential committee. The application is seen only by the committee and your parent instructor. If awarded, your class and site treasurers will also be aware of the scholarship amount awarded (though they **will not** see your application).

How to apply & amounts awarded

Fill this form out **completely**. Save your documentation, because **applications must be made each quarter requiring assistance**. Return your completed application to your parent instructor *before* these deadlines:

FALL: September 25th

WINTER: November 25th

SPRING: February 25th

Scholarships are generally awarded for **half** of the monthly tuition amount, but in some circumstances can provide more.

Next steps:

- Notify your treasurer that you have applied, or note this on your tuition check (if applicable)
- *Continue to pay at least half of your current tuition until a decision is made*
- You will receive an email outlining whether you will receive a scholarship and the amount
- Any differences in payment due or overpayment will be adjusted by the treasurer

GROSS INCOME					
Family Size	Yearly	Monthly	2x/month	Biweekly	Weekly
1	\$29,526	\$2,461	\$1,231	\$1,136	\$568
2	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$61,050	\$5,088	\$2,544	\$2,349	\$1,175
5	\$71,558	\$5,964	\$2,982	\$2,753	\$1,377
6	\$82,066	\$6,839	\$3,420	\$3,157	\$1,579
7	\$92,574	\$7,715	\$3,858	\$3,561	\$1,781
8	\$103,082	\$8,591	\$4,296	\$3,965	\$1,983
For each add'l family member, add:	+\$10,508	+\$876	+\$438	+\$405	+\$203

2026-2027 Scholarship Income Guidelines

*Based on USDA/OSPI Reduced-Price Meal
Income Eligibility Guidelines*

Valid **July 1, 2026 – June 30, 2027**

QUARTER (✓ one): | ☐ FALL (Sep–Nov) | ☐ WINTER (Dec–Feb) | ☐ SPRING (Mar–May)

PRESCHOOL INFORMATION

Site: _____ **Class:** _____ **Monthly Tuition:** \$ _____

FAMILY INFORMATION

Child's Name: _____ **Child's Birthday:** ____/____/____

Parent's Name: _____ **Primary Phone:** (____) _____ **Primary Email:** _____

FINANCIAL INFORMATION

Applicant Name: _____ **Employer:** _____ **# of Hrs/Week:** _____

Partner Name (if applicable): _____ **Employer:** _____ **# of Hrs/Week:** _____

of People in Household: _____ **Ages of Children in Family:** _____

List Other Dependents: _____

Income		Expenses	
Applicant's Pre-Tax Monthly Income	\$	Housing (mortgage/rent)	\$
Partner's Pre-Tax Monthly Income	\$	Bank Loans	\$
Social Security Income	\$	Credit Cards	\$
Unemployment	\$	School Loans	\$
Pension	\$	Child Support Payments	\$
Welfare	\$	Medical Bills	\$
Disability	\$	Insurance	\$
Child Support	\$	Car Payment/Gas	\$
Other (please specify)	\$	Utilities/Phone/Internet	\$
Other (please specify)	\$	Food	\$
Other (please specify)	\$	Child Class/Activity Fees ¹	\$
Other (please specify)	\$	Other (please specify)	\$
Total Income	\$	Total Expenses	\$

¹ Do not include co-op tuition.

Circumstances that affect your family's financial situation at this time (explain fully):

How much do you feel you could pay monthly *after* receiving financial support: _____

PROGRAM PARTICIPATION

How long have you been involved in co-op preschool? _____ What is your co-op job? _____

How many class meetings have you attended so far this school year/last year? _____

*OR what arrangements for absences have you made with your parent educator? _____

What parent education seminars have you attended so far this year/last year? _____

How have/will you support fundraising efforts of your site and PAC? _____

How does your child benefit from involvement in your co-op preschool? _____

How do you and your family benefit from involvement in your preschool and parent education? _____

Snack Assistance: As part of co-op, you will be responsible for bringing snack for your class on a rotating schedule. Please check the statement that applies to your situation **if awarded assistance:**

☐ Yes, I would like a \$25 Safeway gift card to help with purchasing snack this quarter. ☐ No, I won't be needing a gift card.

I certify that the information I have provided on this application form is correct. If this request is approved, I agree to fulfill the obligations of a participating member in parent cooperative preschool.

Applicant Signature _____ Date _____

Date _____

This section is to be filled out by the parent education instructor.

Instructor: _____ Class: _____

Describe the applicant's involvement in the group, such as: attendance at preschool, meetings, etc.:

Please provide any additional information.

Instructor Signature
Date

Date _____