



# Parents' Place Scholarship Application

304-225-1145 [www.parentsplacewv.org](http://www.parentsplacewv.org)



Financial aid, in the form of partial and full scholarships, is available for children to attend Parents' Place. This scholarship program is intended to assist families whose children would benefit from instruction at Parents' Place, but who do not have sufficient financial resources. Children must meet the age qualifications required for Parents' Place enrollment. Annual funds for this program are limited and applications must be submitted each semester.

## Selection Criteria

The Scholarship Committee will use the following criteria for selection of scholarship recipients:

1. Financial need shall be the most important criterion.
2. Other circumstances, including extraordinary conditions or hardship, will also be considered.

The Scholarship Committee does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status [of the child and/or parent(s)/guardian(s)]. This institution is an equal opportunity provider.

## Application Procedures

1. Complete a separate application (pages 2 – 3) for each child and attach copy of your latest tax return. If you applied for the Fall and are reapplying for Spring, just fill out page 2 and check the box under "Reapplying for Spring Semester".
2. Send application form to the address below **by May 31<sup>st</sup>** when applying for Fall semester **or by October 15<sup>th</sup>** when applying for Spring Semester:  
Parents' Place  
c/o Amber Shrewsberry  
2950 Stewartstown Road  
Morgantown WV 26508
3. Each application received will be reviewed by the registrar to verify annual incomes on the form match those found on the enclosed tax forms. Then, the page with names will be removed and a number will be assigned.
4. The Scholarship Committee will review all applications anonymously and decide how much aide (if any) each applicant will receive.
5. Applicants will be notified of the Scholarship Committee's decision by **June 30<sup>th</sup>** for the Fall Semester or by **October 31<sup>st</sup>** for the Spring Semester.
6. Applicants will have until **August 1<sup>st</sup>** (Fall) or **December 1<sup>st</sup>** (Spring) to pay any outstanding fees or contact the registrars to arrange a payment plan. Otherwise, any spots being held for the applicant will be released.





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App #:  
\_\_\_\_\_

Child lives with: [ ] both parents [ ] single parent [ ] other \_\_\_\_\_

Total Number of Dependents (children or otherwise) being supported: \_\_\_\_\_

Why would you like your child to attend Parents' Place? (Please do not use names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there special family circumstances that the Scholarship Committee should be aware of?  
(Please do not use names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL DISCLOSURE

Father's/Guardian's Gross annual earnings from all jobs \$ \_\_\_\_\_

Mother's/Guardian's Gross annual earnings from all jobs \$ \_\_\_\_\_

Other sources of annual income (indicate source and amount)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Total Annual Income from all sources \$ \_\_\_\_\_**

**Please attach a copy of your latest Federal tax return**