The Washington Pavilion Community Learning Center (CLC) is committed to helping students participate in high-quality science, visual and performing arts educational programming.

We understand that the expense of preschool may be a strain on a family’s budget, and helping eligible families reduce their cost through scholarships is important to our program. Most of our scholarship funds are provided through private donors and granting organizations who care about children and believe that the Graham Academy Preschool at the Washington Pavilion provides a high-quality, unique preschool experience that provides learning for the whole child and emphasizes hands-on creativity and learning.

Our process is as follows:

1. **APPLICATION:** Available by contacting the Patron Services Manager at the Washington Pavilion.

2. **DEADLINE:** Applicants must submit their information at any time, the awarding of scholarships is open-ended.

Please mail it to:
   Washington Pavilion  
   Attn: Patron Services Manager  
   301 S. Main Ave.  
   Sioux Falls, SD 57104

Or E-mail to: egorham@washingtonpavilion.org

3. **NOTIFICATION:** Applicants will be contacted after receipt of the scholarship application and notified of the anticipated time-line of the scholarship decision.

4. **AGREEMENT:** Applicants who are approved for a scholarship will receive a scholarship agreement outlining the school and family expectations for tuition payment and fulfillment of school policies, at which time they may accept or reject the scholarship. The agreement must be signed and returned to the Washington Pavilion.

5. **Our financial assistance fund is limited, and while all requests are considered, we cannot guarantee that all applicants will receive assistance.** Scholarship support awarded is based on number of requests, family circumstances, and, funding availability, and individual needs.

6. **QUESTIONS** about the process may be directed to Betsy Gorham, Patron Services Manager, (605) 731-2305/ egorham@washingtonpavilion.org.
Washington Pavilion Graham Academy Preschool Scholarship Application Form

The confidential nature of financial information will be respected.
Applications will be considered based upon class openings and available scholarship funds.

Child's Name ___________________________________________   Date of Birth ____________

Preschool Class Registration Request (please circle one):

T/TH morning 3-4 yr old     MWF morning 3-4 yr old    M-TH afternoon 4-5 yr old

Parent's Name ___________________________________________   Phone # ___________________
Address ___________________________________________________ E-mail ____________________

Parent's Name ___________________________________________   Phone # ___________________
Address ___________________________________________________ E-mail ____________________

Names and ages of other children in family:

Name ___________________________________________   Age ____________
Name ___________________________________________   Age ____________
Name ___________________________________________   Age ____________

Others living with or supported by family:
_________________________________________________________________________________________

Parent's Occupation _________________________________________________________________________
Employer _____________________________________________________________________________
Length of Employment ________________________ Hours Worked Per Week_______

Parent's Occupation _________________________________________________________________________
Employer _____________________________________________________________________________
Length of Employment ________________________ Hours Worked Per Week _______

** Annual Family Income $_________________________________________

Please use the space below to help us understand your reason for requesting financial assistance (Please utilize the back or a separate page if necessary):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

** We can pay ____________ per month towards tuition.  (Please provide the amount you feel you are able to contribute)

I/we declare that the information reported on this form is true, correct & complete to the best of my/our knowledge. The Washington Pavilion has permission to verify the information reported above.

Signed ___________________________   Date ______________

Please return to:  Washington Pavilion/Attn: Patron Services Manager/301 S. Main Ave./Sioux Falls, SD 57104; egorham@washingtonpavilion.org  605-731-2305