



The Graham Academy Preschool at the Washington Pavilion provides unique educational experiences to enhance student learning through art and science.

## GRAHAM ACADEMY PRESCHOOL SCHOLARSHIPS

The Washington Pavilion 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.

### SCHOLARSHIP PROCESS:

1. **Complete Scholarship Application**
2. **Submit application** at time of enrollment via email to [mgrogan@washingtonpavilion.org](mailto:mgrogan@washingtonpavilion.org) or via mail:  
Washington Pavilion  
Attn: Director of Education  
301 S. Main Ave.  
Sioux Falls, SD 57104
3. **Notification:** Applicants will be contacted after receipt of the scholarship application and notified of the anticipated timeline 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, funding availability and individual needs.
6. **Questions** about the process may be directed to Maddy Grogan, Director of Education: 605-731-2350 or [mgrogan@washingtonpavilion.org](mailto:mgrogan@washingtonpavilion.org)



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## 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 INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preschool Class Registration Request:

T/Th · 9-11:45 a.m. · Ages 3-4

MWF · 9-11:45 a.m. · Ages 3-4

M-Th · 1-4 p.m. · K Prep, Ages 4-5

### PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

### FAMILY INFORMATION

Names and ages of other children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Others living with or supported by family: \_\_\_\_\_

Use the space below to help us understand your reason for requesting financial assistance.

*Please utilize the back or a separate page if necessary.*

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date