



Little Wonders Scholarship Application 2024-2025 School Year

Scholarship Policy

Thanks to the generous donations of many families within our school community, Little Wonders has established a scholarship fund to provide financial assistance to families based on family income eligibility, financial hardship or other special circumstances. Financial assistance is granted in the form of full or partial scholarships, contingent upon the availability of funds at the time of the application. Determination of eligibility and the amount of the scholarship granted is by decision of the Scholarship Committee. Scholarships will be made available and awarded without regard to race, gender, color, or national or ethnic origin of the student or student's family. An offer of acceptance to Little Wonders will not be revoked based on an application for financial assistance.

Eligibility

Scholarships are considered for families that earn up to or less than the gross annual household incomes specified below **OR** those that do not meet the income eligibility guidelines but are facing special circumstances. Eligibility for special circumstances is determined on a case-by-case basis, considering such factors as job loss, illness, death, non-working, non-student parent in the home, or other situation(s) that affect the family's ability to pay.

San Mateo Very Low Income Limits 2023	
Household Size	Yearly Income Limit
1 person household	\$ 65,250
2 person household	\$ 74,600
3 person household	\$ 83,900
4 person household	\$ 93,200
5 person household	\$ 100,700
6 person household	\$ 108,150
7 person household	\$ 115,600
8 person household	\$ 123,050

* as determined by HUD - effective June 6, 2023

Application Process

Applications are available from the President (president@littlewonder.org), Director (director@littlewonders.org), or Little Wonders website (littlewonders.org). All applications will be kept confidential by the members of the Scholarship Committee. Incomplete applications will delay the review process and may result in ineligibility. Applications should be submitted to the President either by email (president@littlewonders.org) or in a sealed envelope to:

Attn: Director
Little Wonders: A Parent Child Center
P.O. Box 6106
San Mateo, CA 94403

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Selection Process

Beginning June 1st, scholarship applications will be reviewed on a first-come, first-served basis and awarded based on scholarship availability, number of applicants, and financial need. The Director or President will present the application to the Scholarship Committee for review. The Scholarship Committee is composed of the current Board President, the current Treasurer and the Director. Applicants will be notified within two weeks of submitting a complete application.

Scholarship Tuition Payment

All adjusted or partial tuition payments must be made in a timely manner, in accordance with Little Wonders policies, or the scholarship may be suspended or revoked. Late fees will be applied per school policy.

Number of Scholarships Available

Little Wonders has a limited number of scholarships available. The number of scholarships, scholarship policies, and/or amount of assistance available may be changed at any time at the discretion of the Little Wonders Board of Directors.

Duration of Assistance

Scholarships are granted for one year only and must be applied to the upcoming school year. Awards do not carry over to the granted child(ren) or other siblings attending Little Wonders in future school years. If more than one child in a family is applying for assistance, this must be requested on the application. Each child will be awarded scholarships in equal amounts.

Please direct any questions you may have about the Little Wonders Scholarship Policy to the President president@littlewonders.org or Director director@littlewonders.org.

**Little Wonders Scholarship Application
2024-2025 School Year**

All submissions will be held in the strictest confidence. Applications will be considered by the Scholarship Committee, which is solely responsible for any disbursement of funds.

Child's name & age:
Parent/Guardian name(s):
Home address:
Phone:
Email:

1) Please explain the financial or other special circumstances prompting this scholarship request.

2) Please indicate the total amount you are requesting in assistance:

3) Please describe any special skills, services or extra job you are willing to offer Little Wonders in lieu of the tuition.

4) Is there any other information that would be useful to us in evaluating this request for scholarship assistance?

I declare that the information reported on this form and included with this application, to the best of my knowledge and belief, is true, correct, and complete. If requested by the Scholarship Committee, I agree to provide additional financial documentation which may include: paystubs, page 1 of my income tax return, and/or income/expense projections.

Signed _____

Printed Name _____

Date: _____