2026 – 2027 SCHOLARSHIP PROGRAM

Scholarship Application: Program Purpose Guidelines & Priorities

- Seeking to assist families in financial need with a commitment to volunteerism in school fundraisers and participation in extracurricular school activities.
- Scholarship funds (if awarded) will be applied against student's tuition and fees for the 2026-2027 school year.
- Application deadline is **April 30, 2026 by 2:00 p.m.** to be received at the school's Operations office. Late applications are not accepted.

This application must be accompanied by an essay explaining your child and family's story, a copy of your most recently filed tax returns, and additional documents requested in Annual Household Income section. Only complete applications will be considered.

Deliver application to Shannon Myers (Director of Operations) or email to smyers@specialneedsschools.org

Applications will be reviewed by the SNS Scholarship Committee, comprised of members of our Board of Directors. Scholarship awards will be announced in July 2026 and applied against Tuition & Fees when the new school year begins in August.

FOR BUSINESS OFFICE ONLY

TUITION DETAILS

Annual Tuition $_____
SNS Tuition Credit $_____
SB10 Scholarship $_____
Family Responsibility $_____

Family expressed monthly payment

$_____

☐ Approved at $_____ ☐ Denied

Date _____ Initial _____

☐ Application returned, additional information required. Request for additional information sent on:

_____

Student/Parent/Guardian Information

Student Full Name (Last, Middle First) | Date of Birth | Gender

Current Grade | Current School | Student Grade (Fall 2026)

If applying for multiple students, please provide same information below: (Siblings can be on same application)

Student(s) lives with

Parent/Guardian A & B ☐
Parent/Guardian A ☐
Parent/Guardian B ☐

Other ☐ (Identify)

Enter names exactly as they appear on tax/official forms.

Parent/Guardian A (Parent/Guardian will be our primary contact for correspondence)

Full Name (Last, Middle First) | Gender | Birth Date

Address | City | Zip Code | County

Email | Phone Number | Relationship to Student | Race/Ethnicity

Employer Name | Years with Employer | Occupation

If Parent/Guardian A has more than one job, explain

Parent/Guardian B (Parent/Guardian will be our primary contact for correspondence)

Full Name (Last, Middle First) | Gender | Birth Date

Address | City | Zip Code | County

Email | Phone Number | Relationship to student | Race/Ethnicity

Employer Name | Years with Employer | Occupation

If Parent/Guardian A has more than one job, explain:_____
Include the relationship between the parents: ☐ Married | ☐ Never Married | ☐ Divorced/Separated
Year of Legal Divorce/Separation: _____
Is there a joint custody agreement: Yes ☐ No ☐
Does the joint custody agreement address who is responsible for payment of education expenses for child? Yes ☐No ☐
If Yes, please elaborate: _____

Dependent/Financial Information

ALL DEPENDENT MINOR CHILDREN IN THE HOUSEHOLD (Not including Student)
(Note: Proof of dependency required for all children listed)

Dependent 1

_____

Full Name (Last, Middle First) Gender Birth Date Relationship to Adult

Dependent 2

_____

Full Name (Last, Middle First) Gender Birth Date Relationship to Adult

Dependent 3

_____

Full Name (Last, Middle First) Gender Birth Date Relationship to Adult

Dependent 4

_____

Full Name (Last, Middle First) Gender Birth Date Relationship to Adult

If more than 4, please list on last page of this document.

Financial Assistance is awarded on the basis of need without regard to race, color, handicap, sex, age, or national origin.
***For statistical reporting purposes. A) African American B) Asian C) Caucasian D) Hispanic E) Native American F) Multiracial**

ANNUAL HOUSEHOLD INCOME (Please supply ANNUAL amounts for all listed below)

Gross Salary - Immediate Family Members $_____
Alimony - Provide Court Documentation $_____
Child Support - Provide Documentation $_____
Social Security (SSI/SSA) - Provide Award Letter $_____
Disability Income - Provide Award Letter $_____
Unemployment - Provide notification Letter $_____
Food/Cash Assistance - Provide Award Letter $_____
Housing Assistance - Provide Award Letter $_____
Student Awards/Grants - Provide Award Letter $_____
Other: _____ $_____
TOTAL: $_____

If $0, and single parent, please explain:
_____
_____
_____
_____

For SNS Staff:

Staff Initials: _____
Documentation Provided & Attached to Application? Yes: _____ No: _____
Date Received: _____

Please explain additional circumstances that impact your ability to pay tuition and fees beyond income. Examples may include medical expenses.

_____

_____

_____

_____

Statement of Accuracy

Please Note: Applications can take up 3-5 weeks to process, or longer if the application is incomplete. You will be notified by email regarding the status of your application.
Best email to send application status to: _____

STATEMENT OF ACCURACY FOR STUDENTS/FAMILIES:

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge.

I hereby understand that I will not submit this application without all the required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered.

_____ _____

Signature of Parent/Guardian of Applicant **Date**

SCHOLARSHIP CHECKLIST

- ☐ Application
- ☐ Child/Family Essay (see last page of this document)
- ☐ 2025 Tax Returns
- ☐ Required Household Income Supporting Documents

APPLICATION DEADLINE:

Friday, April 30th - 2:00PM

Must be delivered to SNS Operations Office or emailed to

smyers@specialneedsschools.org.

Additional Information

Please enter additional information ex. Additional dependents

Essay

Please type Essay below (just tell your families story and why you need extra help)