



Seagull Schools

Main Office:

1300 Kailua Road, Kailua, Hawaii 96734

Phone: **(808) 261-8534** · Fax: **(808) 261-7052**

Website: www.seagullschools.org

Email: admin@seagullschools.org

July 25, 2022

Aloha Seagull Families and Caregivers,

We are very excited to invite you to participate in our **Seagull Schools Tuition Aid Program** which allow qualifying families to access scholarships to offset the cost of tuition for the 2022-23 school year.

This program is funded through Seagull Schools with help from our generous donors. As many of you know, it was a priority for us to continue our scholarship program because of the financial hardship so many members of our community face.

We strongly encourage families who may qualify for Seagull’s tuition aid to apply for this opportunity. An internal Committee will review all qualifying applications. You must be able to show that you have applied for other subsidies or tuition aid to be considered. The application window will commence on Monday, August 1 and run through the end of the month.

Please be aware that the deadline to submit your application for Seagull tuition aid (attached here) and all relevant documents (see P. 2 of the application for a full list) **will be due to Seagull Schools’ business office by Wednesday, August 31 at 3:00 p.m. You can send in applications to:**

**Seagull Schools Tuition Aid Department, 1300 Kailua Rd., Kailua, Hawaii 96734
or email them to: tuitionaid@seagullschools.org**

Please kindly get in touch with any questions by calling our business office at: (808) 261-8534 or by emailing: tuitionaid@seagullschools.org. We look forward to hearing from you!

Mahalo Nui,

Megan McCorrison
Chief Executive Officer



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School Locations

Kailua & Administrative Office – 261-8534
Adult Day Center – 674-1160
Kapolei & Food Service – 674-1444
Ko Olina – 671-6999
Ocean Pointe in Ewa – 689-6021
The Early Education Center, Honolulu – 533-0004

Seagull Schools Preschool Tuition Aid Application

SY 2022-2023

Date of Request: _____ Site Student Attends: _____

PART 1: STUDENT INFORMATION

Last Name	First Name	Date of Birth	Gender

PART 2: Parent/Guardian 1 Information:

Last Name	First Name	Relationship to Student

Address	Home/Cell Phone:	Employment Status
	Email Address	Employer Name

PART 2: Parent/Guardian 2 Information

Last Name	First Name	Relationship to Student

Address	Home/Cell Phone:	Employment Status
	Email Address:	Employer Name

PART 3: Other Dependent(s) Information

Last Name	First Name	School Attending/Work	Tuition Costs \$

PART 4: Outside Financial Subsidies/Aid

Subsidy/Aid Type	Date Applied	Status	Amount Awarded
DHS: Child Care Connections			
DHS: Preschool Open Doors			
Kamehameha Schools: PKS			
Keiki O Ka `Aina			
Child Care Aware			
Other			

PART 5: Family Income/Assets

Income Source	Parent/Guardian 1	Parent Guardian 2
Employment Income (Gross)	/per month	/per month
Worker's Compensation	/per month	/per month
Social Security	/per month	/per month
Child Support	/per month	/per month
Alimony	/per month	/per month
TANF	/per month	/per month
SNAP	/per month	/per month
Other Income	/per month	/per month
Other Tuition Assistance	/per month	/per month

PART 6: Family Expenses

Monthly Expense Type	Monthly Amount \$
Rent/Mortgage	/per month
Utilities	/per month
Health Expenses	/per month
Vehicle Payments # of _____	/per month
Tuition/Child Care Expenses	/per month
Child Support/Alimony (paid by you)	/per month
Other Expenses (insurance, credit cards, student loans, etc)	/per month

Part 7: Required Documents (Please attach the following documents to your application)

- Award/Denial Letters for other Financial Aid Subsidies (DHS CCCH, DHS POD, PKS, etc.)
- Two (2) most recent paycheck stubs for Parent/Guardian 1 & 2
- Most Recent 1040 Tax Return
- A written Statement of Need that describes the reasons you are requesting Seagull financial assistance

PART 8: Signature

The tuition aid being offered is in part the result of grants from the Samuel N. and Mary Castle Foundation, Mcinerny Foundation, and the G.N. Wilcox Trust.

I certify that all the information provided is true to the best of my knowledge, and understand that failure to provide this could affect my child's status in the program.

I agree to report within 14 days, to Seagull Schools' Tuitionl Aid Committee, any changes in my family income while my child is participating in the Seagull Schools' tuition aid program. I understand that failure to comply with this could affect my child's status with the program.

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____