

## GUIDELINES

The Barry and Cyndy Olliff Endowed Scholarship Fund was established to assist families who wish to have their children attend Kimberton Waldorf School and demonstrate financial need to accomplish this with the condition that the family must be actively involved in the life of the School. Specifically, they must participate in or lead fundraising activities to support families in similar circumstances.

1. The initial contribution of \$100,000 was deposited and invested in a fund at Glenmede.
2. A total of 4% of the fund balance will be made available for scholarship(s).
3. Announcements of the existence of this Fund will be made several times throughout the year to solicit additional contributions and to encourage application for benefits from the Fund through scholarship(s).

### Application Criteria

1. Applicants must submit a signed contract with SSS form for financial aid.
2. Applicants must risk leaving KWS if assistance is not provided.
3. Applicants must heavily participate in or lead an approved fundraising initiative, such as, but not limited to:
  - a. Perfect Pairings
  - b. Tag Sale
  - c. Circle of Light
  - d. Annual Fund Campaign Assistance
  - e. Craft Show
  - f. SCRIP Program
  - g. Other

### Selection Committee

1. Development Director
2. Admissions Coordinator
3. Business Manager

### Selection Criteria

1. Merits of project – what impact does it have on the community? How successful was the project?
2. Level of need
3. Carry-through on project

**APPLICATION** *Application must be received by April 1 of each year.*

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

Children at school: \_\_\_\_\_

Number of hours worked or approximate number of hours that you will work: \_\_\_\_\_

Description of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of project/activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Impact on the community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in continuing to participate in and/or lead this activity in the future?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Applicant's Signature

Date

-----  
Committee Recommendations: \_\_\_\_\_ Declined    \_\_\_\_\_ Awarded    \_\_\_\_\_ Amount

If declined, why? \_\_\_\_\_

Date: \_\_\_\_\_