



Student's Name: _____ DOB: _____

Guardian's Name: _____

Mailing Address: _____

Zip _____ State: _____ Phone #: _____

What amount do you feel you could pay towards your child's monthly tuition? \$ _____

In order to determine all sources of annual household income, please answer the following questions:

• Do you or anyone in the household receive SSI Disability Assistance? ☐ Yes ☐ No If Yes, please give amount: \$ _____

• Have you received unemployment compensation in the past 12 months? ☐ Yes ☐ No If Yes, please give amount: \$ _____

• Do you qualify to receive food stamps? ☐ Yes ☐ No

If Yes, please give amount: \$ _____

• Do you receive child support? ☐ Yes ☐ No If Yes, please give amount: \$ _____ per month.

• Family size: Adults _____ Children _____

• Total Annual Household Income: \$ _____ (Please include all sources of income, including the ones mentioned above).



All household earners are REQUIRED to submit the following documents along with this application:

- 1) Front page of most recent income tax form
- 2) The TWO most recent paycheck stubs

Fine Print: Applications without the required income verification documentation will not be considered for financial assistance. Any falsification of this information will jeopardize your financial assistance. The school reserves the right to request updated income verification at any time throughout the school year to continue providing the financial assistance. If your financial circumstances change, contact your preschool Administration.

I certify that all the information on this application is true. If any part is false, my participation in this agency's program may be terminated.

Parent/Guardian Signature: _____ Date: _____

To be completed by School Personnel

School Year: _____ Monthly Tuition: \$ _____

Monthly Scholarship \$ _____ Family Contribution \$ _____

Approved by: _____

Signature: _____ Date: _____

