

APPLICATION FOR TUITION ASSISTANCE

St. Francis Creche Preschool

FAMILY INFORMATION

Child's Full Name _____ Date of Birth _____

Home Address _____ Home Telephone _____

Parents/Guardians _____

Home Address if different from Child's: _____

Please check one: Single-Parent Household: Two-Parent Household

Number of dependent children in the family: _____ Ages: _____

Placement in Program (age group, number of days per week): _____

EMPLOYMENT INFORMATION

Mother: Name of Employer: _____

Address: _____

Position: _____

Business phone: _____

Monthly income before taxes: \$ _____

Annual income before taxes: \$ _____

Father: Name of Employer: _____

Address: _____

Position: _____

Business phone: _____

Monthly income before taxes: \$ _____

Annual income before taxes: \$ _____

Total Household Income: Monthly \$ _____

Annual \$ _____

Reasons for requesting tuition assistance: Limited income
 Special circumstances

Briefly explain your family's circumstances that affect your income or your ability to pay tuition during this coming school year:

Please attach a copy of the first page of your most recent tax return to support your request for scholarship.

SIGNATURES

Parent or Guardian

Date

Parent or Guardian

Date

St. Francis Creche evaluates each application for tuition assistance individually via the Scholarship Review Committee. All information submitted is considered confidential. Tuition assistance will be awarded without regard to race, religion, gender, or national/ethnic background. Both parents will be notified on eligibility for scholarship.

Funds for financial aid come from a portion of the school's income and from outreach funds of the church. Since such funds are limited, we will grant them to those whose need is most acute.

For Scholarship Committee Use Only:

Date application rec'd: _____

Eligible: Non-eligible:

Review date by Scholarship Committee: _____

Date of family notification: _____