

**St. John's Lutheran Preschool
FINANCIAL AID APPLICATION
2019-2020**

Child Information:

Child's Full Name _____ Male ___ Female ___

Date of Birth _____

Primary Residence: Both Parents ___ Dad Only ___ Mom Only ___ Other _____

Child's Address: _____

Has anyone in the family previously attended St. John's Lutheran Preschool? Yes ___ No ___

If yes, please specify who and when _____

Is the child currently attending St. John's Lutheran Preschool? Yes ___ No ___

Parent/Guardian Information:

| | |
|---|---|
| <p>Name/Relationship _____</p> <p>Address _____</p> <p>City _____</p> <p>State/Zip _____</p> <p>Home Phone _____</p> <p>Employer _____</p> <p>Full or Part-time _____</p> <p>Work Phone _____</p> | <p>Name/Relationship _____</p> <p>Address _____</p> <p>City _____</p> <p>State/Zip _____</p> <p>Home Phone _____</p> <p>Employer _____</p> <p>Full or Part-time _____</p> <p>Work Phone _____</p> |
|---|---|

List any and all dependents or persons receiving support from you:

| Name | Relationship | Living with you |
|------|--------------|-----------------|
| | | Yes ___ No ___ |
| | | Yes ___ No ___ |
| | | Yes ___ No ___ |
| | | Yes ___ No ___ |
| | | Yes ___ No ___ |

Please turn over and complete other side →

How much are you able to contribute to monthly tuition?

| Class | Total Monthly Tuition | Parents/Guardian's Monthly Contribution |
|-------|-----------------------|---|
| 2 day | \$109 | \$ _____ |
| 3 day | \$144 | \$ _____ |
| 5 day | \$224 | \$ _____ |

Who is financially responsible for the child?

Please list the monthly income for anyone who is financially responsible for the child: _____

Do you receive any child support for the child? _____

Do you receive any Federal and/or state financial assistance? Yes ____ No ____ If yes, please specify _____

Please describe your personal situation. Be sure to explain outstanding financial commitments such as medical bills, loss of income, etc. Describe any and all current circumstances which require you to need financial assistance. Feel free to attach additional sheets as necessary.

By signing this form I agree to provide St. John's Lutheran preschool with proof of financial need, if requested. Furthermore, the information listed on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Financial Aid is granted at the discretion of the preschool board's Financial Aid Committee. All applicants will be notified by mail of the committee's decision within 30 days of application.

Scholarship awards are for monthly tuition only. Registration fees and other incidentals must be paid by the parent/guardian.

Financial aid is for the current school year only. Families must re-apply each school year.

St. John's Lutheran Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and all other school administered programs.