

Neffs UCC Preschool Financial Assistance Application

School Year _____ Date of Request _____

Student Name _____ Food Stamp or AFDC Case Number _____

Part 1: Parent/Guardian Information

Parent #1 Name _____ Relationship to Student _____

Address: _____

_____ Phone Number _____

Currently employed: Full-Time Part-Time Not Employed Disabled

Employer Name (if applicable) _____

Parent #2 Name _____ Relationship to Student _____

Address: _____

_____ Phone Number _____

Currently Employed: Full-Time Part-Time Not Employed Disabled

Employer Name (if applicable) _____

Part 2: Other Dependents

Name (Last, First)	Age	Tuition/Child Care Monthly Cost

Part 3: Family Income (MONTHLY)

*Please include all members in the household including stepparents (and grandparents if living in the same house).

Name of Member	NET Earnings	Welfare	Pension/ Retirement/ Social Security	Other: Child Support/ Alimony/Foster Care Subsidy

Part 4: Family Expenses (MONTHLY)

- Rent/Mortgage \$ _____ per month
- Property Taxes \$ _____ per month
- Loans (car, student loans, etc...) \$ _____ per month
- Fire/ Home Insurance \$ _____ per month
- Car Insurance \$ _____ per month
- Health Insurance \$ _____ per month
- Utilities (electric, water, cable...) \$ _____ per month
- Child Support Paid by You \$ _____ per month
- Groceries \$ _____ per month
- Other (list) \$ _____ per month
- Tuition/Child Care from page 1 \$ _____ per month

Total Expenses per month \$ _____

Part 5: Please List Any Special Circumstances

Part 6: Signature and Authorization

I certify that all of the above information is true, correct and complete. I understand that I am providing this financial information for the receipt of financial assistance, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to repayment of funds. Financial assistance is awarded on an annual basis, and must be reapplied for each school year. All tuition accounts must be in good standing when financial assistance begins, and must remain in good standing during the duration of the award, or Neffs UCC Preschool reserves the right to discontinue assistance. *Additional documentation may be requested at Board discretion.

Neffs UCC Preschool abides by all laws and regulations and applies non-discriminatory practices when determining financial assistance awards.

X _____
Signature of Parent/Guardian #1

X _____
Social Security Number

X _____
Signature of Parent/Guardian #1

X _____
Social Security Number

For Office Use Only

Date _____

Approved _____ **Denied** _____ **Reason for Denial** _____

Amount and Frequency _____

Date Applicant Notified _____

Additional School Board Notes: