



FIRST KIDS PRESCHOOL

SCHOLARSHIP APPLICATION FOR TUITION ASSISTANCE

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____

Enrolling more than one child: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

HOUSEHOLD INFORMATION

Number of adults in household: _____ Number of children in household: _____

EMPLOYMENT & INCOME

Parent/Guardian 1 Employer: _____

Parent/Guardian 2 Employer: _____

Estimated Total Annual Household Income (check one):

Under \$20,000

\$20,001-\$35,000

\$35,001-\$50,000

\$50,001+

ADDITIONAL SUPPORT

SNAP Medicaid WIC Other: _____

SPECIAL CIRCUMSTANCES

(Please briefly describe any financial hardship or circumstances we should consider.)

TUITION ASSISTANCE

As part of our ministry and commitment to reflect Christ's love, tuition assistance is thoughtfully and prayerfully determined based on each family's need, circumstances, and the resources God has provided. Assistance generally covers 25–50% of tuition and families are expected to pay the remaining balance of their tuition each month. Scholarships are awarded on a yearly basis, and families are encouraged to reapply each year.

AGREEMENT

I certify that the information provided is true and accurate to the best of my knowledge. I agree to notify the program if my financial situation changes.

I understand that the preschool will require one of the following documents for verification:

- A copy of your 1040 form
- SSI statement
- Food Stamp/Child Support/Disability /Unemployment documentation
- Paystubs for the last 30 days

Signature: _____ Date: _____