

1700 Woodward S.E.



Grand Rapids, MI 49506

**APPLICATION FOR NEED-BASED FINANCIAL ASSISTANCE
2014-2015 SCHOOL YEAR**

Child's Name: _____

Parent(s) Name: _____

Address: _____

Telephone: _____ **Child's Birth Date:** _____

The following information is confidential and is used by Eastminster Preschool solely for determining assistance needs.

Father's Occupation: _____

Father's Place of Employment: _____

Business Address: _____

Mother's Occupation: _____

Mother's Place of Employment: _____

Mother's Business Address: _____

Number of Children in family: _____ **Marital Status:** _____

Income Level Yearly: _____ under \$10,000 _____ \$10,000-\$15,000 _____ \$15,000-\$20,000
_____ \$20,000-\$25,000 _____ \$25,000-\$35,000 _____ \$35,000-\$45,000 _____ over \$45,000

Is there anyone else who contributes to the household income? ____ YES ____ NO

If YES, please explain.

Please list your monthly expenses, i.e. rent/mortgage, car payments, loan payments, etc.

Describe briefly any special circumstances in your family which necessitate your requesting financial aid.

Check whether your child will attend school: ____2 days/wk ____3 days/wk ____5 days/wk

Is your child attending any other preschool or daycare? If so, describe.

Scholarships are granted as an outright gift. This fund is financed solely by contributions. We ask that if you are able in the future to contribute money to the Eastminster Preschool Scholarship Fund, you will consider making a gift so that others may receive the same benefit.

Please indicate how many dollars per month you need to meet tuition: _____ per month.

Are you a member of Eastminster Presbyterian Church? YES ____ NO ____

E-mail Contact _____

Signature: _____

Date: _____