



1700 Woodward S.E.

Grand Rapids, MI 49506

**APPLICATION FOR NEED-BASED FINANCIAL ASSISTANCE
2023-2024 SCHOOL YEAR**

Child's Name: _____

Parent(s) Name: _____

Address: _____

E-mail Contact _____

Telephone: _____ Child's Birth Date: _____

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

Parent 1 Occupation: _____

Parent 1 Place of Employment: _____

Business Address: _____

Parent 2 Occupation: _____

Parent 2 Place of Employment: _____

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 _____ 4 days/wk

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

Tuition Assistance is 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 Tuition Assistance 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.

Signature: _____

Date: _____