



## Financial Assistance Request

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please write a summary of your need for financial aid for your child's tuition.

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**\*\* Please attach any relevant documentation you may have. \*\***

What is the maximum amount you can pay for tuition? \_\_\_\_\_

How often would you like your child to attend? \_\_\_\_\_

How long do you anticipate needing financial help? \_\_\_\_\_

*This form will be submitted to the Preschool Council for review.*