

## First United Methodist Church School for Little People

## School for Little People's Application for Tuition Assistance

Before you complete these forms please read and understand the following:

- All information is confidential. This application is put before the SLP Administration and a First United Methodist Church representative; however your identity will not be disclosed unless requested.
- Applications may be made in the school office and must be approved by the above-mentioned parties. If
  you wish to apply for assistance, you must complete the scholarship form and provide proof of income
  via payroll receipts and last year's income tax. No application will be reviewed by committee unless all
  required materials are attached and received by the deadline date.
- Filling out this application does not guarantee a scholarship will be awarded. We look at all applications regardless of race, religion, creed, or national origin and do not discriminate against persons with disabilities.
- Full scholarships are not granted. Scholarships are generally awarded for **up to** ½ of the Preschool tuition amount. Scholarships do not go towards Early Birds or After School.
- Scholarship recipients are required to pay their portion of the tuition according to the tuition guidelines. If the applicants become 2 month past due, they will forfeit their scholarship.
- If you receive a scholarship, and at some time during the school year no longer need it please let us know.
- Donations are accepted to the scholarship fund at any time. Your contribution will be gladly
  accepted if you feel, at some point in the future, you are able to contribute to the SLP scholarship
  fund; thus, perhaps, allowing another child to attend the school, as this scholarship will allow your
  child to attend.
- Scholarship application deadline is May 1, 2024.

## Please answer all questions listed as fully as possible.

Child or Children's Name(s)	
Parent's Name(s):	
Address:	
Phone Number(s):	
Church Affiliation:	

Place of Employ	ment:						
(Mother)			Year(s) ea	Year(s) employed at current job:			
(Father)			Year(s) ea	Year(s) employed at current job:			
<b>Total Family Inc</b>	come (please in	clude all sourc	es of income in	ncluding child su	pport):		
Please include a	copy of your in	ncome tax retui	rn for the prev	ious year to veri	fy.		
Mother's monthly income			Father's	Father's monthly income			
Child support			other mo	other monthly income			
Number of Child							
Number of Child							
Full scholarship	s are not grant	ted. This sectio	n is to give an	idea of your tota	l monthly expense	s.	
Pre-school class		Ea	Early Pick Up:				
Indicate Number	of days attendi	ng:					
Early Birds	Mon.	Tues.	Wed.	Thurs.	Fri.		
7:15-8:30							
After School	Mon.	Tues.	Wed.	Thurs.	Fri.		
3:15-5:00							
Total Tuition exp	ected per mont	h:					

Please explain any special circumstances, financial, medical, or other, that you feel the SLP Administration and FUMC Representative should be aware of in making its decision.