

**Epworth Preschool**  
**FINANCIAL ASSISTANCE APPLICATION FORM**  
**(All information is confidential)**

Financial assistance is available for children who attend Epworth Preschool. Scholarships are based upon the financial needs of the student's family and the Preschool's available scholarship funds. Partial to full scholarships are offered, with priority given to families requesting aid for 3-year-old, 4-year-old, and TPK classes. The total tuition amount paid by a family will be considered in our selection process.

**Applications and all supporting documents are due to the Preschool Office no later than March 2<sup>nd</sup>.**  
Families will be notified by **April 22<sup>nd</sup>** whether or not they have been selected by the Scholarship Committee to receive financial assistance. All supporting financial documents will be shredded after the granting of scholarships.

**Parents or Guardians:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Total # of Persons in the Household:** \_\_\_\_\_

**Children Registered at Epworth Preschool for the 2026-2027 School Year:**

<u>Name</u>	<u>Birth Date</u>	<u>2026-27 Class</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Optional: Epworth Preschool values diversity amongst our student body, and the Scholarship Committee will consider this as one of several factors when reviewing blinded applications. If you choose, you may indicate your child(ren)'s race or ethnicity here:**

Hispanic or Latino     Black or African American     White     Pacific Islander  
 Asian     American Indian    Other: \_\_\_\_\_

*\*Continued on next page\**

**Please submit the following with your application:**

1. Copy of W2(s)
2. Most current tax return: form 1040, only; or form 1040EZ, only. **If tax documents and W2 are unavailable, please notify the Preschool office.**
3. Complete table below and provide documentation where indicated.
4. Recommended but not required: Letter explaining special circumstances and outlining your reasons for requesting financial aid (one page or less). Please share any pertinent information regarding family finances that should be made known in addition to the information listed above (recent or anticipated change in employment status or other unusual circumstances that are not included in the packet). **For reasons of confidentiality, please do not mention the student's name, parents' names, or names of any siblings in your letter. Additionally, you are not required to provide the reasons for credit card debt or any personal health information relating to medical debt.**

Financial Challenge	Amount	Documentation to Include
Medical Debt	\$ _____	Provide documentation of balance due if medical debt is greater than \$5,000
Credit Card Debt	\$ _____	Provide documentation of balance due if credit card debt is greater than \$10,000
<b>Other Debt Not Listed Above</b> – does not include mortgage debt <i>(If including school loans, please do not add any anticipated amount yet to be borrowed.)</i>	\$ _____	Provide documentation of debt if greater than \$10,000 (balance statement for example).
Total Cash Assets	Amount	Documentation to Include
<b>Total Cash Assets</b> – combined amount of checking, savings, CDs, stock (does not include IRAs or NC529 college funds).	\$ _____	N/A

*I hereby state that, to the best of my knowledge, my answers to the questions on this form and the accompanying documents are complete and correct. I understand that any misrepresentation of information provided will result in the immediate cancellation of any scholarship funding by Epworth Preschool.*

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Signature

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Date