

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 1st. Families will be notified by **April 22nd** 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 2024-2025 School Year:

<u>Name</u>	<u>Birth Date</u>	<u>2024-25 Class</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 attached table on the next page 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.**

Continued on next page

Please complete the table below and include the requested documentation with your application.

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
Other Debt Not Listed Above – 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
Total Cash Assets – 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.

Signature

Date