

**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 funds available. Partial to full scholarships are offered, with priority given to families requesting aid for 3-year-old, 4-year-old, and TPK classes. Total tuition 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 1<sup>st</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 2022-2023 School Year:**

<u>Name</u>	<u>Birth Date</u>	<u>2022-23 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. (Optional) 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.

<b>Financial Challenge</b>	<b>Amount</b>	<b>Documentation to Include</b>
<b>Medical Debt</b>	\$ _____	Provide documentation of balance due if medical debt is greater than \$5,000
<b>Credit Card Debt</b>	\$ _____	Provide documentation of balance due if credit card debt is greater than \$10,000
<b>Other Debt Not Listed Above</b> <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).
<b>Total Cash Assets</b>	<b>Amount</b>	<b>Documentation to Include</b>
<b>Total Cash Assets</b> - combined amount of checking, savings, CDs, stock (does not include IRAs or NC529 college funds).	\$ _____	N/A

*I understand that any misrepresentation of information provided will result in the immediate cancellation of any scholarship funding by Epworth Preschool.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date