Chapel Hill Preschool – Application for Financial Assistance

Objective: Through the establishment of its Financial Assistance Program, Chapel Hill Preschool seeks to offer a quality, Christ-centered education to those students from whom the cost would otherwise be prohibitive.

Criteria: The applicant must demonstrate a clear need for assistance as revealed by a net available income level insufficient to support payment of the tuition and curriculum fees. Preference will be given to families with students currently enrolled in the Preschool. In order for each family to have a financial commitment to their child's education at Chapel Hill, full assistance will not be provided.

Non-Discrimination Policy: Chapel Hill Preschool does not discriminate on the basis of race, color, national or ethnic origin in its educational programs or activities.

| Father/Stepfather/Guardian | Phone |
|---|--|
| Mother/Stepmother/Guardian | Phone |
| 1 st Child's Name | Class |
| 2 nd Child's Name | Class |
| Number of years your family has bee | nvolved with Chapel Hill Preschool |
| Did you receive financial assistance | year? |
| provided with financial assistance, wunderstand that our (my) failure to content/Guardian Certification: We (| stance committee and the recipient. In the event we are (I am) I) agree to honor this pledge of confidentiality. We (I) further so may impact our (my) eligibility for further assistance. |
| status. We (I) understand that all fir not limited to: credit checks and con understand that if any information in required to return all or part of any | is application is true and correct and represents our (my) financial cial information is subject to verification which may include but is sting our (my) employer, mortgage company, church, etc. We (I) he application is found to be materially false, we (I) may be ancial assistance that is provided by Chapel Hill Preschool. In understand this application will be kept on file at Chapel Hill |
| | |
| Signature | Date |
| Signature | Date |

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Summary

| Total income | |
|-------------------------------|--|
| (+) Other income sources ** | |
| (-) Minus: | |
| Savings | |
| Giving | |
| Housing | |
| Food | |
| Utilities | |
| Transportation | |
| Insurance | |
| Other Expenses | |
| Debt | |
| = Total Available for Tuition | |
| | |

Further Narrative Explanation

Please describe your family circumstances and why you are applying for financial assistance.

^{**} Disclose any other funds available for living expenses and tuition, including assistance from grandparents, relatives, friends, etc.

Monthly Income and Expense Report Worksheet

| Name (s) | | |
|----------------------------|-----------------------|--|
| INCOME | EXPENSES | |
| Monthly Take Home Pay #1* | | |
| Monthly Take Home Pay #1* | Insurance | |
| Child Support | Medical | |
| Other Income (List) | Auto | |
| | Home | |
| SAVINGS | Life | |
| Emergency Fund | Disability | |
| General | Other | |
| EXPENSES | Other Expenses | |
| Giving | Medical/Dental | |
| Tithes/offerings to church | Childcare | |
| Other giving | Other school tuition | |
| | Entertainment | |
| Housing | Child Support/Alimony | |
| Rent/Mortgage | Gifts | |
| Real Estate Taxes | Pets | |
| Repairs/Maintenance | Vacation | |
| | Clothing | |
| Food | Personal items | |
| Groceries | Other (list) | |
| Dining Out | Other (list) | |
| Utilities | Debt | |
| Electric/Gas | Car Payment #1 | |
| Water | Car Payment #2 | |
| Sanitation | Credit Cards | |
| Phone – home | Student Loans | |
| Phone – mobile | Other (list) | |
| Internet | | |
| Television | | |
| Transportation | | |
| Repairs | | |
| License & Taxes | | |
| Tolls | | |

^{*} Net Take Home Pay = Gross pay minus federal taxes, FICA and Medicare taxes