



# SCHOOL FOR LITTLE CHILDREN

## FINANCIAL ASSISTANCE APPLICATION

SLC values all families' enrollment in our program regardless of ability to pay. If you are a family seeking a relationship based quality preschool experience for your child or children, we encourage you to complete this Financial Assistance Application and return it with your federal and state tax returns as well as your enrollment materials.

The amount of financial support available to each family is based on current funding as well as the number of financial assistance applications received in the year. Additional factors will also be taken into account, including but not limited to: extraordinary expenses, number of dependents, and the special needs of a child. If you receive assistance for the coming school year, we ask that you sign a Tuition Agreement on a 12-month payment plan (May 1-April 1<sup>st</sup>).

Decisions regarding financial support will be guided by the following figures:

| <u>Household Gross Income</u> | <u>Estimated Financial Assistance</u> |
|-------------------------------|---------------------------------------|
| \$25,000 and under            | 75% or more of tuition                |
| \$25,000 - \$35,000           | 50-75% of tuition                     |
| \$35,000 - \$45,000           | 25 – 50% of tuition                   |
| \$45,000 - \$55,000           | 25% or less                           |
| Over \$55,000                 | Will be reviewed case by case         |

**Name of Child(ren)** \_\_\_\_\_

**Name of Parent/Guardian #1** \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ How long? \_\_\_\_\_

Current Salary (Gross Annual) \_\_\_\_\_

**Name of Parent/Guardian #2** \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ How long? \_\_\_\_\_

Current Salary (Gross Annual) \_\_\_\_\_

**(OVER)**

**Please list siblings and other dependents who live in your household:**

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**Please list other sources of income and amount** (i.e., child support, state childcare funding, unemployment benefits, independent contractor income, etc.)

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**What was your gross family income for the last calendar year?** \_\_\_\_\_

**What do you project your gross family income to be for the current year?** \_\_\_\_\_

**Please list any extraordinary expenses or other hardships which you feel should be considered** (job loss, medical expenses, change in family structure...)?

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**How much of the total tuition can you pay?** \_\_\_\_\_

**Please enclose your prior year's state and federal tax return.** Please contact the office if you do not have a tax returns so other documentation options can be discussed. SLC keeps Financial Assistance Applications and accompanying documentation confidential.

**Certification:** I certify that all information in this application is true, correct, and complete. I understand its accuracy will be verified and School for Little Children has the right to change any decision before or during service if there is a change in financial status or a misrepresentation of information.

Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Date Submitted: \_\_\_\_\_