

Old Bridge UMC Preschool Tuition Assistance Application Form

School Year 20-21

The information you provide will be treated confidentially and will only be used for eligibility determinations and verification of data. It will not be made available to any individual or group not directly concerned with granting tuition assistance at Old Bridge UMC Preschool.

Please return this form and attach a copy of the family's 2019 tax return. If parents are divorced or separated, copies of both tax returns are required. The Preschool Advisory Committee will review applications and make recommendations to the Old Bridge United Methodist Church (OBUMC) Executive Director. Applications will be reviewed on a first come first served basis. Please note that submission of this form does not guarantee assistance.

The OBUMC Executive Director will make decisions based on available funds, amount of assistance requests, family need, and will consider the Federal Poverty Guidelines, and the Prince William County Schools guidelines for Head Start and USDA income eligibility guidelines. In most cases a two-week turnaround time is required. During enrollment season (Jan-Feb) decisions are made in April.

Enrollment fees and activity/supply fees are not covered by tuition assistance. Please be sure to turn in the enrollment fee to secure a classroom placement and the activity/supply fee by the due dates.

Please Note: Tuition Assistance policies are subject to change at the Preschool Directors discretion

1. Student Name _____ Student Birth Date _____

2. Does the student have an IEP (Individualized Education Plan) through the county? _____

3. Does the parents/family receive financial assistance from the county or state (such as TANF, SNAP)? _____

4. Check any that apply: ___ Parents Separated ___ Parents Divorced ___ Father Deceased ___ Mother Deceased

5. Student lives with: ___ Both Parents ___ Mother ___ Father ___ Other (who) _____

6. Father/Stepfather/Guardian Information (Circle) Mother/Stepmother/Guardian Information (circle)

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Employer: _____

Employer: _____

Job Title: _____

Job Title: _____

Business Phone: _____

Business Phone: _____

7. Gross annual family income for the past calendar year (including salary, interest, dividends, miscellaneous income): _____

8. Number of household members dependent upon the annual income: _____

9. If you own your own house, townhouse, apartment, or condo what is the monthly mortgage: _____

10. If you rent your home, what is the monthly rent: _____

11. List any other outstanding debt, loans, credit cards, etc. _____

_____ Total monthly payment: _____

12. Please comment on any special circumstances that affect your need for tuition assistance. We welcome any further statement you may care to make which may aid in determining the amount of tuition assistance granted. Please use additional sheets of paper if necessary (including medical, legal, employment, etc.)

13. What amount are you requesting for tuition assistance?

Total tuition cost \$ _____

Parent/Guardian can afford to pay \$ _____ Requesting the school to cover \$ _____

I understand that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the consideration of partial tuition assistance. The school may verify the information provided on the application. _____ Initial

I understand that my student must attend class regularly. If the child's attendance is not regular, the Director will notify the family to discuss concerns and determine the action needs to be taken so the child can attend regularly. If the attendance does not improve after the discussion, the Director has the discretion to revoke the tuition assistance. _____ Initial

I understand that the parent's portion must be paid monthly in a timely matter each month. If tuition is not received by the 5th of each month, tuition assistance can be revoked. _____ Initial

I understand that anyone receiving tuition assistance must give at least 17 hours of their time during the school year. Please see the preschool office to sign up for the many different opportunities that you can do for your hours. _____ Initial

Signature of Parent/Guardian

Date

For Committee/Executive Use Only

Total monthly tuition \$ _____ Total monthly tuition assistance requested \$ _____

Tuition assistance recommended: \$ _____ (student pays) \$ _____ (school pays)

Tuition assistance approved: \$ _____ (student pays) \$ _____ (school pays)

Approved by Signature

Date