

# APPLICATION FOR FINANCIAL AID

School Year \_\_\_\_\_

Please complete the following application and attach a copy of the first page of your most recent federal income tax return.

## Applicant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Number of Dependents: Children \_\_\_\_\_ Other \_\_\_\_\_

**Steele Class Financial Aid is Being Applied For:** Tadpoles Polliwogs Frogs

## Employment Information:

*Applicant* \_\_\_\_\_

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ How long? \_\_\_\_\_

*Spouse/Partner* \_\_\_\_\_

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ How long? \_\_\_\_\_

## Financial Information

### Annual Income (before taxes):

Salary: Applicant: \$ \_\_\_\_\_

Spouse/Partner: \$ \_\_\_\_\_

Alimony/Child Support: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Government Sources: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

### Educational Expenses:

Dependent	Age	Institution	Grade	Tuition and Fees
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### Monthly Expenses:

Total Expenses (including rent/mortgage): \$ \_\_\_\_\_

**Other Information:**

Is the applicant responsible for total support of the student?                      Yes                      No

If no, please explain: \_\_\_\_\_

Please list any additional information in which would be useful to the school in considering this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any services you could offer to the school in lieu of partial tuition? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Summary:**

Amount of tuition aid you are requesting? \_\_\_\_\_

I understand that Steele Cooperative Preschool cannot guarantee the availability or the renewal of any financial aid granted. I certify that all statements in this application and related materials are true at the time of this application. I will notify Steele of any changes in my financial or enrollment status immediately. Eligibility of financial aid will be reviewed on a semester basis to continue receiving financial aid. I understand that this information will be reviewed by the Treasurer and the Chairperson of Steele Cooperative Preschool for the purpose of determining eligibility for financial aid for my enrolled child(ren). Applicants will be notified by phone by the Treasurer whether financial aid has been approved or denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Approved with Percentage \_\_\_\_\_

Denied – Reason: \_\_\_\_\_

Date Notified: \_\_\_\_\_