

Zion Lutheran Preschool ~ Mt. Pleasant, Michigan

FINANCIAL AID APPLICATION

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Church affiliation \_\_\_\_\_

Occupation of parents: \_\_\_\_\_  
\_\_\_\_\_

Please indicate the names and ages of other children in the family.

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

Are any of these children attending this or any other preschool? \_\_\_\_\_

Name of the school \_\_\_\_\_

Are you receiving financial aid for any preschool children? \_\_\_\_\_

Briefly explain why you consider this financial aid necessary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive any financial support from federal, state, or local agencies? \_\_\_\_\_

Please indicate the annual support received. \_\_\_\_\_

Please give an approximate figure for your annual income. \_\_\_\_\_

Check the amount of financial aid you are requesting.

\_\_\_\_\_ Partial tuition      \_\_\_\_\_ Half tuition      \_\_\_\_\_ Full tuition

If you prefer partial tuition, please indicate the amount you wish to pay toward monthly tuition.

Why did you select the Zion Lutheran Preschool for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please understand that if your financial circumstances change during the year that you may apply for a change in the tuition status.

\*Is there any other information that you feel the financial aid committee should take into consideration when reviewing this application? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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