

# Village Preschool of Portland Financial Assistance Application

Please Circle the ones that apply to you:

Junior Class

Senior Class

New to School

Current or Returning Member

Name of child/children currently at Village:

\_\_\_\_\_

Parent/Guardian's Names \_\_\_\_\_

Other children and ages: \_\_\_\_\_

Requesting (circle one)

Reduced Tuition/Fee Assistance

or

Temporary Emergency Assistance

Please provide financial information below along with a copy of your most recent federal tax return (Form 1040)

1. Current gross monthly household income (pre-tax), from all sources (including child support, alimony, unemployment, food stamps etc.)

\_\_\_\_\_

2. Number of persons in the household: Adults \_\_\_\_\_ + children \_\_\_\_\_ = \_\_\_\_\_

3. If you do not qualify based on the Income Eligibility Guidelines or if you are applying for Temporary Emergency Assistance, please describe the situation leading to your request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to complete the backside of the form. Submit your completed form to the tuition lock-box.

I certify that the information contained in this application is accurate to the best of my knowledge. I have read and agree to the Village Preschool of Portland's Financial Assistance Policy and Procedures. It is my responsibility to notify, in writing, the Financial Assistance Committee if my income or the number of persons in my household changes. I understand that as a recipient of financial assistance, I will be subject to the same requirements as all the other families for teacher helping, school jobs, work parties, etc. as stipulated in the Membership Agreement. I understand that the information on the form will be reviewed confidentially by the Financial Assistance Committee and that I will receive written notification of the committees decision.

Signature of Parent(s) \_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_

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### **Committee Use Only**

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

Eligible / Ineligible

Amount of assistance offered:

\$ \_\_\_\_\_ a month for \_\_\_\_\_ months, for a total of \$ \_\_\_\_\_.

Signed By:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

### **Notes**

If referred to Board for funding decision, record date and outcome.

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Family's Decision: \_\_\_\_\_

If change is reported in household size/income, record date and action taken:

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