

EMANUEL CHRISTIAN PRESCHOOL FINANCIAL AID REQUEST

PART I: FAMILY INFORMATION (All information is confidential)

Student Information (List all children applying)

1. A. _____
Last name (Please print) First name Middle initial
- Date of birth (mm, dd, yy) _____ Sex ☐ Male ☐ Female

Indicate the relationship of the parent(s) or guardian(s) to this student (*check all that apply.*)

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

Student lives with (*check all that apply*):

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

- B. _____
Last name (Please print) First name Middle initial
- Date of birth (mm, dd, yy) _____ Sex ☐ Male ☐ Female

Indicate the relationship of the parent(s) or guardian(s) to this student (*check all that apply.*)

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

Student lives with (*check all that apply*):

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

2. A. Parent or Guardian (Circle Correct Answer)

Child lives with Mother _____ Father _____ Both _____ Foster Care _____ Other _____

Name _____ Age _____ ☐ Disabled ☐ Deceased
(Parent or Guardian)

Home address _____ ZIP code _____

Mailing address if different _____

Occupation _____ Title _____

Telephone Home _____ Telephone Work _____

Cell Phone _____ E-mail _____

Employed by _____ Years with firm _____ ☐ Part time ☐ Full time

B. Parent or Guardian (Circle Correct Answer)

Child lives with Mother _____ Father _____ Both _____ Foster Care _____ Other _____

Name _____ Age _____ ☐ Disabled ☐ Deceased
(Parent or Guardian)

Home address _____ ZIP code _____

Mailing address if different _____

Occupation _____ Title _____

Telephone Home _____ Telephone Work _____

Cell Phone _____ E-mail _____

Employed by _____ Years with firm _____ ☐ Part time ☐ Full time

Information from IRS 1040 Form

3. Please attach a copy of "Tax Form".

Total nontaxable income

4. Child support received for all children \$ _____

Social security benefits for entire family/TANF benefits \$ _____

Insurance, medical/dental, and unusual expenses:

5. Total medical/dental expenses not reimbursed by insurance companies \$ _____

Total paid for medical/dental insurance plans \$ _____

Family Assets and Debts

6. Monthly Income \$ _____

7. Monthly Expenses \$ _____

Car payment(s) \$ _____

House Payment/Rent \$ _____

Child Care \$ _____

8. Do you receive any assistance? \$ _____

WIC Food Stamps \$ _____

Housing \$ _____

Day Care Assistance \$ _____

9. Do you receive alimony? Yes/No How much? \$ _____

10. Monthly Payments on loans (not vehicles) \$ _____

Monthly Payments on Credit Cards \$ _____

11. Are you able to help in the classroom? _____ Prepare materials _____

12. Would you be open to attending a class on Financial Management? _____

PART II: SUPPLEMENTAL INFORMATION

The information entered in Part II will be carefully reviewed.

13. How much do you feel you are able to contribute to tuition? \$ _____
14. **Costs of vacations in the past 12 months.** \$ _____
15. **List all family cars** (*if more than 3 cars are owned or leased, list additional cars in question 17, at bottom of page 3*). *Monthly Payment Amount*
1. (make and year) _____ ☐ Own ☐ Lease ☐ Provided by employer/business \$ _____
2. (make and year) _____ ☐ Own ☐ Lease ☐ Provided by employer/business \$ _____
3. (make and year) _____ ☐ Own ☐ Lease ☐ Provided by employer/business \$ _____
16. **List all boats and other recreational vehicles owned or leased** (*if more than 3 vehicles are owned or leased, list additional vehicles in Question 17, at bottom of page 3*).
1. (make and year) _____ Monthly Payment \$ _____
2. (make and year) _____ Monthly Payment \$ _____
3. (make and year) _____ Monthly Payment \$ _____
- Current total recreational vehicle debt \$ _____
17. Complete this item *only* if student's parents are separated, divorced, or have never been married.
- ☐ Divorced ☐ Separated, no court action ☐ Legally separated ☐ Never married
- Date of divorce or separation _____
- Name of parent who claimed student as a tax exemption. _____
- Is there an agreement specifying a contribution for this student's educational expenses?
- Yes _____ No _____ If yes, how much per year?
- Student A _____
- Student B _____
18. Use this space to explain all items highlighted in bold. Answer if you entered an amount for this question or have unusual circumstances or expenses. Be as brief as possible.

PART III: PARENTS' CERTIFICATION AND AUTHORIZATION

We (I) declare that the information reported on this form, to the best of our (my) knowledge and belief, is true, correct, and complete. The preschool has our (my) permission to verify the information reported.

Parent or Guardian in 2A

Signature_____ Date _____

Parent or Guardian in 2B

Signature_____ Date _____