

# Old Bridge UMC Preschool Tuition Assistance Application Form

School Year 23-24

*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 2022 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, and family needs and will consider the Federal Poverty Guidelines, 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 \_\_\_\_\_

Class(s) Requesting Tuition Assistance for \_\_\_\_\_

2. Does the student have an IEP (Individualized Education Plan) through the county?  Yes  No

3. Does the parents/family receive financial assistance from the county or state (such as TANF, SNAP)  Yes  No

If Yes, please provide proof.

4. Marital Status of Head of Household:  Married  Partnered  Single  Divorced  Widowed  Separated

5. Student lives with \_\_\_\_\_ Both Parents/ Guardians \_\_\_\_\_ Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2

6. Parent/Guardian #1 Information

Parent/Guardian #2 Information

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, and miscellaneous income): \_\_\_\_\_

\*\*Eligibility is based on your income. Please attach your pay stubs and documentation from other income, such as Child Support or FIP, from the last 30 days, pages 1 and 2 from last year's Federal Income Tax Statement, or a letter from your employer stating your wage and the number of hours you work each week.

8. Household Size:  2  3  4  5  6  7  8  Other: \_\_\_\_\_

9. Monthly mortgage/rent expense: \_\_\_\_\_

10. Monthly Utility Expenses: \_\_\_\_\_

11. Please list any Child Support or Alimony received: \_\_\_\_\_

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.)

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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 that 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 5<sup>th</sup> 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**