



Program:
Date Received:
Additional information still needed:
_____
Approved/Denied Date:

## Diakonia Preschools Tuition Assistance Application Form

Dear Applicant:

Thank you for your completing the Diakonia Tuition Assistance Application form. Because grants provide financial support for our tuition assistance program we must have a clear understanding of your total household income. Please answer each question completely. You will need to provide **three months** of income verification for the household (**Paystubs, Tanf, Food Stamps, Child support, SSI etc.**) before your financial application is processed. The Director of Preschool Operations may request additional information if needed. Information contained in the application will be held in the strictest confidence. It is our goal to enable all interested students, regardless of financial situation, to attend one of our quality preschools. Financial need is the primary criteria for the selection of the tuition assistance recipients. Other considerations may be used in allocating grants among those families with demonstrable financial need.

Please make sure all contact information is correct. Thank you for your time and attention in completing this application.

### Child's Information

Child's Last Name	Child's First Name	Child's Middle Name	Child's Nickname (if used)
Child's Birth Date	Gender	Child's Primary Language	Parents' Primary Language
Child's Race/Ethnicity			

Child Lives With? Is there a court-ordered custody arrangement for this child?  Yes  No (If yes, please provide a copy.)

### Marital Status (circle one)

- |                                 |                    |                               |
|---------------------------------|--------------------|-------------------------------|
| 1. Single, Never Married        | 2. Widowed/Widower | 3. Married, Living w/Spouse   |
| 4. Married, Not Living w/Spouse | 5. Divorced        | 6. Living w/Significant Other |

Please use the back of page 1 to share non-financial information that best describe your circumstances.

### Primary Caregiver Information

Parent or Guardian 1	Relationship to Child	Email Address (one per family or address)	
Home Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	

Parent or Guardian 2

Relationship to Child

Email Address (one per family or address)

Home Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

**Household Information** (in the case of a two parents, separate households without court ordered alimony or child support, please include mom or dad’s income in Adult #1 or Adult #2. If you do not receive income in one of the categories, please write “0”).

$$\frac{\text{# of Adults Living in Home (over 18)}}{\text{# of Adults Living in Home (over 18)}} + \frac{\text{# of Children Living in Home (under 18)}}{\text{# of Children Living in Home (under 18)}} = \frac{\text{Total \# in Household}}{\text{Total \# in Household}}$$

Monthly Gross	Adult 1	Adult 2	Adult 3	Adult 4	Total
1st Name					XXXXXXXX
<i>(round to nearest whole dollar)</i>					
W-2 Wages					
Wages from Self Employment					
Unemployment Compensation					
Social Security Benefits					
Pension/Retirement Income					
Workman's Compensation					
TANF/WIC/Food Stamps					
Child Support					
Alimony/Spouse Maintenance					
Cash received from family					
Income - Other					
<b>Total</b>					

Please attach 3 months verification/proof of the above monthly calculations

# Tuition Agreement/Acceptance Form

(Please Read and Initial)

- I understand that I am responsible to pay the nonrefundable registration fee. If I am denied tuition assistance the registration fee will **NOT** be reimbursed. \_\_\_\_\_
- I agree to notify the Director, Diakonia Preschool Operations in writing if my family's income changes as soon as the change occurs, but no later than 30 days. \_\_\_\_\_
- I understand that until I am approved by the Director, Diakonia Preschool Operations I am responsible to pay full tuition of preschool. \_\_\_\_\_
- I understand that a new tuition assistance application will need to be completed each school year and that I will provide 3 months proof/verification of income for all adults living in the household and any financial support from outside the household. \_\_\_\_\_
- If my application is **NOT** approved, I understand that tuition is due by the 1<sup>st</sup> of every month and late fees will be applied if paid after the due date. \_\_\_\_\_
- I agree to attend required parent teacher conferences, parent events, and parent workshops provided by Diakonia throughout the school year. \_\_\_\_\_
- I agree to volunteer at **minimum 3.5 hours a month**. These hours can be outside or inside the classroom. I understand that I will need to sign up for these dates in advance in order for the staff to prepare for additional assistance in the classroom and plan accordingly. \_\_\_\_\_
- I understand the importance of my child attending preschool daily in order to reach individual goals. If my child does not attend regularly I understand that my child may **NOT** be eligible for financial assistance and may be dis-enrolled. \_\_\_\_\_

**By accepting tuition assistance for my son or daughter to attend a Diakonia Preschool, I am making a commitment to have my child at school daily, to volunteer each month, and to attend events that will support my child's education and my skills as a parent. This acceptance will require a parent or guardian to be available from 9:00-12:30 on a variety of dates throughout the school year. Before accepting these funds and conditions, please consider your current obligations, priorities, and time commitment. Your child's monthly tuition assistance will be withdrawn for parental/guardian noncompliance and your preschooler potentially dis-enrolled for inability to meet the above requirements. To the best of my knowledge, all of the information in the application is true and factual. I/we understand and agree that any false statement (s) made in this application could be grounds for denial or revocation of assistance. This agreement shall be binding upon the parties, their successors, assigns and personal representatives.**

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Child's Name

Date of Birth

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Parent/Guardian/Caregiver's Signature

Today's Date

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Parent/Guardian/Caregiver's # 2 Signature

Today's Date

Thank you for completing this form. We look forward to **partnering** with you on your child's preschool journey. If you have any questions please call:

Jennie Marsh, Director, Diakonia Preschool Operations, (719) 331-2655