

28 Blacksmith Shop Road PO Box 115 West Falmouth MA 02574 508-540-2957

www.westfalmouthpreschool.org

Dear Parents/Applicants:

- Enclosed you will find the West Falmouth Preschool application for tuition assistance for the school year 2014-2015.
- A tuition assistance program is one that provides monies to defray the costs of tuition for families that qualify. This program will provide from 30% to 50% of tuition costs for this year.
- Each applicant will be reviewed on an individual basis and funds will be allocated based on the current year's tuition assistance budget. Families may request an application any time during the school year should they come upon financial hardship.
- Monies used to fund this program are raised through ongoing fundraising efforts.
- Please fill out the entire application and enclose a copy of your most recent tax return (2013).
- Sign and date the application and return it to Barbara Meloni, Director of West Falmouth Preschool, and Tuition Assistance Administrator. Mrs. Meloni should be contacted if you have any questions regarding this application.
- This application does not guarantee enrollment for your child; it determines only eligibility for financial assistance. Enrollment commences March 1st and is required to secure a spot in the preschool program for your child.
- The West Falmouth Preschool shall not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, political beliefs, national origin, marital status, disabilities, and sexual orientation.
- ALL APPLICATIONS WILL BE KEPT STRICTLY CONFIDENTIAL.



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Tuition Assistance Application for the School Year 2014-2015

Child's Name	Date	
Date of Birth	Age Program: 2 Day3 Day	
Mother's Information	Father's Information	Admin Use
Name	Name	
Street Address	Street Address	
Mailing Address	Mailing Address	
Home Phone#	Home Phone#	
Cell Phone#	Cell Phone#	
Email	Email	
Occupation	Occupation	
Employer	Employer	
Address	Address	
Phone	Phone	
Hours per week	Hours per week	
Annual Income	Annual Income	
Child Lives with:	Other Children in Household:	_
Both Parents	Name & Age:	
Mother Only	Name & Age:	
Father Only	Name & Age:	
Other (please specify)	Name & Age:	\Box
Are Housing Expenses shared with anyone else?	If yes, what percentage are you (& spouse) responsible for?	
	PLEASE REFLECT THIS % ON THE EXPENSE FORM	

CASH FLOW STATEMENT

Please list all figures as monthly averages for the previous year (2014-15)

MONTHLY INCOME INFORMATION	Admin use
Monthly Gross Income to Household	
Tips, Bonuses, and Overtime	
Gifts	
Social Security	
Pension/V.A./Disability	
Interest/Dividend Income	
Alimony Income	
Child Support	
Rental Income	
Other (Subsidies)	
TOTAL MONTHLY INCOME	
	N
MONTHLY EXPENSE INFORMATIO	N
	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses Health/Life Insurance	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses Health/Life Insurance Alimony/Support Payments	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses Health/Life Insurance Alimony/Support Payments Child Care	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses Health/Life Insurance Alimony/Support Payments Child Care #1 Automobile: Year: Make:	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses Health/Life Insurance Alimony/Support Payments Child Care #1 Automobile: Year: Make: Vehicle Loan Payment	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses Health/Life Insurance Alimony/Support Payments Child Care #1 Automobile: Year: Make: Vehicle Loan Payment #2 Automobile: Year: Make:	N
MONTHLY EXPENSE INFORMATIO Housing (Rent/Mortgage) Expenses Health/Life Insurance Alimony/Support Payments Child Care #1 Automobile: Year: Make: Vehicle Loan Payment #2 Automobile: Year: Make: Vehicle Loan Payment	N

ВА	NKING INFORMATION			
Savings Account Name of Bank/Credit Union:	Account Number	Current Balance		
Name of Bank/Credit Offich.]	
Checking Account	Account Number	Current Balance		
Name of Bank/Credit Union:				
All other Investment Accounts	Account Number	Current Balance		
Please explain below if you have a which is creating additional financianecessary):				
Δ	LUMNI INFORMATION		Admin Use	
ls either parent a West Falmouth F	Preschool Alumni?		-	
Is this your first child to attend West Falmouth Preschool? If no, please list child's name(s) & year(s) attended:				
PLEASE INCLUDE A COPY OF	YOUR 2014-15 TAX RE	TURN WITH THIS APPL	ICATION	
I (We) hereby certify that all of the changes in either household size o		. ,	•	
Falmouth Preschool reserves the r	ight to ask for a financial u	pdate in the future. I (We	e) understand	
the information given on this applic Preschool funds and that the schoo				
that all of the above information will this application does not guarantee				
Signature of Parent	 Date	Signature of Parent		