



2020-2021
**Financial Aid
Application**

Student's name: _____ **Session:** AM PM

Household Size (includes parents, stepparents, guardians, grandparents and ALL children): _____

Please list all individuals in the household with relationship to child and age:

Individual's Full Name:	Relationship to child:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother / Guardian Name: _____ Phone: _____

Employer: _____ Position / Title: _____

Length of employment: _____ Hours / week: _____ Hourly wage / Salary: _____

Father / Guardian Name: _____ Phone: _____

Employer: _____ Position / Title: _____

Length of employment: _____ Hours / week: _____ Hourly wage / Salary: _____

Household adjusted gross income (Tax Form 1040) for 2019: _____

Briefly describe reason(s) for applying for Financial Aid.

Include any unusual circumstances or other hardships that affect your family's ability to pay tuition:

The standard tuition rate for 2020-2021 is \$130 per month.

How much, per month, would you be able to contribute toward your child's tuition? _____

Please note: the resulting difference is interpreted by the Advisory Committee as the amount of aid you are requested. For example: if you can contribute \$50 per month, the committee will consider this as a request for \$80 in tuition assistance (\$130 – \$50 = \$80)

Please include the following documents, if applicable, to supplement your request for financial aid. Failure to provide documentation may jeopardize awarding of financial aid.

U.S. Tax Return (Form 1040) Required

Proof of qualification for any other assistance programs (please circle):

Child Support Welfare Social Security Disability Food Stamps WIC

Other programs: _____

Statement of Integrity and Accuracy:

I hereby certify that all information in this application is true and correct. In addition, I understand that Kiddie Kampus Preschool may verify the information on this application. I recognize that failure to report correct information may result in denial of application or the rescinding of financial aid tuition discounts.

Please mark the responsible party and sign and date below:

Child's mother **Child's father** **Other:** _____

Printed Name: _____

Signature: _____ Date: _____