



## Tuition Assistance Application

Eagle Preschool is committed to the education of children and getting them ready for Kindergarten. We understand that the cost of preschool can be overwhelming for families and we want to do everything we can to make Eagle Preschool affordable. One way we do that is through tuition assistance. We desire to find a way for every student to attend. Monies will be awarded through the application process following the criteria listed below until funds are depleted.

We use the following guidelines to determine eligibility:

- Financial need during the months of September through May. August tuition is pro-rated and paid by check at open house.
- Only partial scholarships are awarded.
- Incomplete applications will not be considered.

When applying for tuition assistance:

- Please complete the Tuition Assistance application and return it to Eagle Preschool.
  - Mail to: Elisabeth Benedict, Eagle Preschool, 5801 South Main St, Whitestown, IN, 46075
  - Email to: [preschool@eaglechurch.com](mailto:preschool@eaglechurch.com)
- Each application will be reviewed and considered by the Financial Assistance Team.
- Follow-up information or clarification may be requested based on information submitted on the application.
- If eligible, applicants will be notified via email prior to registration. Please provide an accurate parent email address.
- Payments will be made when due. Any late payments will result in the withdrawal of financial assistance.
- At least 85% of on-time attendance will be required for participation in the tuition assistance program. If the child is sick and misses school, these days will not be included in the 85% attendance requirement if a written doctor's excuse is provided, or a call from a parent. The final determination of an absence is at the discretion of the administration.
- If attendance falls below 85%, one warning will be given to the parent/guardian. The second time attendance falls below 85%, the child may be terminated from the Tuition Assistance program and not be allowed to re-enter during the current school year. The full preschool tuition will then be the responsibility of the parent/guardian. If the family chooses to withdraw, an additional month will be charged for early removal, per our registration form.

If you have questions, please call 317.768.2508 or email Elisabeth Benedict: [ebenedict@eaglecenter.us](mailto:ebenedict@eaglecenter.us)

I have read and agree to the above guidelines: \_\_\_\_\_  
Guardian Signature

### For Office Use Only :

**Date Appl Recd** \_\_\_/\_\_\_/\_\_\_ **Approval Initials** \_\_\_\_\_ **Amount Approved \$** \_\_\_\_\_

**Date Notified** \_\_\_/\_\_\_/\_\_\_



## Confidential Tuition Assistance Application

All Tuition Assistance Applications must be submitted to the Director before November 19, 2019.

To complete the application, please provide the following information:

Name of child for whom the assistance is requested: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Class child will be in (circle one): 18 Month 2 Year 2.5 Year 3 Year 4 Year 4.5 Year

Days (circle one): 2 Days 3 Days

Full Day or Half Day (circle one): Full Half

The total yearly tuition cost for the program based on 9.5 months. (Please refer to the attached tuition sheet.)

\_\_\_\_\_

Percentage of yearly tuition cost or amount requested in assistance: \_\_\_\_\_

Parent's/Guardian Contact Info:

Name:	Name:
Address:	Address:
Phone:	Phone:
E-Mail:	E-Mail:

Other Dependent Minors:

Name	Age	School	Annual Tuition

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**Date Notified** \_\_\_/\_\_\_/\_\_\_



List all Current MONTHLY GROSS Income

Name of Wage Earner or Other Source of Income	Gross Monthly Wages/ Salary	Self Employment	Annuities/ Rental Income	Child Support/ Alimony	Retirement/ Social Security	Disability/ Welfare/ Unemployment	OTHER Including gifts/ family support
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

Total monthly income from all sources: \$ \_\_\_\_\_

List all Current MONTHLY Expenses

Rent	Mortgage	Utilities	Insurance	Car Payments	Groceries	Tuition	Misc./Other
\$	\$	\$	\$	\$	\$	\$	\$

Total monthly expenses: \$ \_\_\_\_\_

Please describe the situation that causes your need at this time. Please be as detailed as possible.

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Has your student received financial assistance or a staff benefit to enroll in Eagle Preschool in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

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**Date Notified** \_\_\_/\_\_\_/\_\_\_



We typically attend services at:

Eagle Church: \_\_\_\_\_ Other: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

Please include the following information (all working parents) with your application:

1. A signed copy of your most recent 1040 tax form.
2. A copy of your most recent pay stub.

I represent that this tuition assistance is essential to my child's enrollment (or continued enrollment) at Eagle Preschool, and that my application represents genuine financial need. I do not have access to any other funds to pay tuition.

The information I have provided to Eagle Preschool is true and accurate. If Eagle Preschool requests additional financial information, I will provide it.

I understand that an award is contingent upon available funds and the submission of all requested financial information.

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return application to:

Eagle Preschool  
Attention: Director  
5801 South Main St  
Whitestown, IN 46075

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**Date Notified** \_\_\_/\_\_\_/\_\_\_