

# EMANUEL CHRISTIAN PRESCHOOL FINANCIAL AID REQUEST

## PART I: FAMILY INFORMATION (All information is confidential)

### Student Information (List all children applying)

1. A. \_\_\_\_\_  
Last name (Please print) First name Middle initial

Date of birth (mm, dd, yy) \_\_\_\_\_ Sex ☐ Male ☐ Female

Indicate the relationship of the parent(s) or guardian(s) to this student (*check all that apply.*)

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

Student lives with (*check all that apply*):

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

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B. \_\_\_\_\_  
Last name (Please print) First name Middle initial

Date of birth (mm, dd, yy) \_\_\_\_\_ Sex ☐ Male ☐ Female

Indicate the relationship of the parent(s) or guardian(s) to this student (*check all that apply.*)

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

Student lives with (*check all that apply*):

☐ 1. Father ☐ 2. Mother ☐ 3. Stepfather ☐ 4. Stepmother ☐ 5. Male guardian ☐ 6. Female guardian

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### 2. A. Parent or Guardian (Circle Correct Answer)

Child lives with Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Foster Care \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ ☐ Disabled ☐ Deceased  
(Parent or Guardian)

Home address \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing address if different \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Telephone Home \_\_\_\_\_ Telephone Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employed by \_\_\_\_\_ Years with firm \_\_\_\_\_ ☐ Part time ☐ Full time

B. Parent or Guardian (Circle Correct Answer)

Child lives with Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Foster Care \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ ☐ Disabled ☐ Deceased  
(Parent or Guardian)

Home address \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing address if different \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Telephone Home \_\_\_\_\_ Telephone Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employed by \_\_\_\_\_ Years with firm \_\_\_\_\_ ☐ Part time ☐ Full time

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**Information from IRS 1040 Form**

3. Please attach a copy of "Tax Form".

**Total nontaxable income**

4. Child support received for all children \$ \_\_\_\_\_

Social security benefits for entire family/TANF benefits \$ \_\_\_\_\_

**Insurance, medical/dental, and unusual expenses:**

5. Total medical/dental expenses not reimbursed by insurance companies \$ \_\_\_\_\_

Total paid for medical/dental insurance plans \$ \_\_\_\_\_

**Family Assets and Debts**

6. Monthly Income \$ \_\_\_\_\_

7. Monthly Expenses \$ \_\_\_\_\_

Car payment(s) \$ \_\_\_\_\_

House Payment/Rent \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

8. Do you receive any assistance? \$ \_\_\_\_\_

WIC Food Stamps \$ \_\_\_\_\_

Housing \$ \_\_\_\_\_

Day Care Assistance \$ \_\_\_\_\_

9. Do you receive alimony? Yes/No How much? \$ \_\_\_\_\_

10. Monthly Payments on loans (not vehicles) \$ \_\_\_\_\_

Monthly Payments on Credit Cards \$ \_\_\_\_\_

11. Are you able to help in the classroom? \_\_\_\_\_ Prepare materials \_\_\_\_\_

12. Would you be open to attending a class on Financial Management? \_\_\_\_\_

## PART II: SUPPLEMENTAL INFORMATION

The information entered in Part II will be carefully reviewed.

13. **Costs of vacations in 2012/2013** \$ \_\_\_\_\_
14. **List all family cars** (if more than 3 cars are owned or leased, list additional cars in question 17, at bottom of page 3). *Monthly Payment Amount*
1. (make and year) \_\_\_\_\_ ☐ Own ☐ Lease ☐ Provided by employer/business \$ \_\_\_\_\_
2. (make and year) \_\_\_\_\_ ☐ Own ☐ Lease ☐ Provided by employer/business \$ \_\_\_\_\_
3. (make and year) \_\_\_\_\_ ☐ Own ☐ Lease ☐ Provided by employer/business \$ \_\_\_\_\_
15. **List all boats and other recreational vehicles owned or leased** (if more than 3 vehicles are owned or leased, list additional vehicles in Question 17, at bottom of page 3).
1. (make and year) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_
2. (make and year) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_
3. (make and year) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_
- Current total recreational vehicle debt \$ \_\_\_\_\_
16. Complete this item *only* if student's parents are separated, divorced, or have never been married.
- ☐ Divorced ☐ Separated, no court action ☐ Legally separated ☐ Never married
- Date of divorce or separation \_\_\_\_\_
- Name of parent who claimed student as a tax exemption. \_\_\_\_\_
- Is there an agreement specifying a contribution for this student's educational expenses?
- Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much per year?
- Student A \_\_\_\_\_
- Student B \_\_\_\_\_
17. Use this space to explain all items highlighted in bold. Answer if you entered an amount for this question or have unusual circumstances or expenses. Be as brief as possible.

### **PART III: PARENTS' CERTIFICATION AND AUTHORIZATION**

We (I) declare that the information reported on this form, to the best of our (my) knowledge and belief, is true, correct, and complete. The preschool has our (my) permission to verify the information reported.

#### **Parent or Guardian in 2A**

Signature\_\_\_\_\_ Date \_\_\_\_\_

#### **Parent or Guardian in 2B**

Signature\_\_\_\_\_ Date \_\_\_\_\_