

# Central Branch Preschool Tuition Assistance Application

Child(ren)'s Name: \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Phone \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Phone \_\_\_\_\_

Please list everyone in your home for whom you are financially responsible:

\_\_\_\_\_  
\_\_\_\_\_

**In order for your application to be considered, you must submit a signed copy of your last year's IRS tax return along with this application.**

Current household monthly net income **from all sources:** \_\_\_\_\_  
(include wages, child support, investment income...)

Other sources of income: \_\_\_\_\_  
(include inheritances, gifts from relatives and friends...)

Current household monthly expenses: \_\_\_\_\_  
(please complete expense detail on back)

Unusual circumstances you would like us to consider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of assistance you are requesting (**required**): \_\_\_\_\_

\*Information below to be completed by Central Branch\*

Amount of award: \_\_\_\_\_

Plan for payment: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Guardian's) (Director)

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

<b>Monthly Expense</b>	<b>Amount</b>
Rent/Mortgage	
City Light/Electricity	
Public Utilities; water, garbage, sewer	
Heat	
Phone; home and cell	
Auto Payment	
Auto Insurance	
Other Insurance	
Cable/Internet	
Credit Cards	
Student Loan	
School/Day Care; other than Central Branch for applicant	
Dependent care for other children in the home	
Other	
Total Expenses	