



PRESCHOOL IN THE VALLEY
FINANCIAL ASSISTANCE APPLICATION

Child's Name : _____ Birthdate: _____

Parents' Names: _____

Address : _____

Telephone: _____ E Mail: _____

Please list all members of child's household:

Total household income for last calendar year _____

Total household income expected for current year _____

Please list any unusual circumstances that would affect your child's eligibility for a scholarship:

Please estimate the amount of monthly tuition you will be able to pay: _____

Application submitted by: _____ Date: _____

**Please attach a copy of your U.S. Individual Income Tax Form 1040. **