



703-256-1100
wps@annandale-umc.org

AUMC Weekday Preschool & Early Learning Program



VA DSS
Fully Licensed



703-256-8667
elp@annandale-umc.org

Dear Families of Weekday Preschool and Early Learning Program,

Attached is the Application for Tuition Assistance for the 2013-2014 school year. In addition to the form, proof of income, including the most recent 1040 and W-2 forms must be presented. For eligibility, we use the income/family size guidelines used by FECEP/Head Start. Once the application and appropriate documentation has been provided, our Scholarship committee will vote on whether to grant your request and determine an amount.

If you have any concerns, please feel free to contact me.

Thank you,

Cherrie S. Welch

Director
AUMC Weekday Preschool & Early Learning Program



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APPLICATION FOR TUITION ASSISTANCE

I am seeking tuition assistance for (please circle): **Weekday Preschool** **Early Learning Program**

Child's Name: _____ School Year/Session: _____

Mother's Name: _____ Monthly Income: \$ _____

Father's Name: _____ Monthly Income: \$ _____

of Dependents: _____ Home Phone #: _____ Cell #: _____

Home Address: _____

Mother's Place of Employment/Occupation: _____

Job Position Title: _____ Employer's Phone Number: _____

Father's Place of Employment/Occupation: _____

Job Position Title: _____ Employer's Phone Number: _____

Family Monthly Expenses: \$ _____ How much can you pay toward each month's tuition? \$ _____

How many months do you need assistance? _____

Are there additional circumstances that we should consider in determining your financial assistance?

Are you able to offer volunteer hours for the program? _____ How many hours per week? _____

Proof of income must be submitted to verify eligibility.

A copy of the most recently filed Form 1040 and W-2's from all income sources are required.

By signing below, I certify that all information provided is true and accurate.

Signature

Date