



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARNING TREE PRESCHOOL TUITION ASSISTANCE APPLICATION

The Learning Tree Preschool offers tuition assistance to qualifying families. Financial need is determined based upon household size, annual income, and demonstrated inability to pay. Funds are limited and will be awarded based upon greatest need. Applying for financial assistance is confidential. Applicants must reside within the Tri-Cities area (families attending at Holmes Elementary must reside in the Spring Lake School District to qualify). Make sure that you have signed and dated your application. Please direct questions to Meredith Long, 616-842-7051 ext. 242 or David Burdo, 616-842-7051 ext. 233.

APPLICANT INFORMATION

Title (Mr., Mrs., Ms., Dr.)	First Name	Last Name	Birthdate

Address _____			
City, State, Zip			County

Phone Number _____			

Email Address _____			

<input type="checkbox"/> Yes, I am a current YMCA member			

ALL PERSONS LIVING IN HOUSEHOLD

Do you share expenses? ____ Yes ____ No
Total number of people in household _____

	NAME	DOB	M/F
Parent/Adult	_____	_____	_____
Parent/Adult	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____

CHECK LOCATION YOU ARE INTERESTED IN

- Learning Tree Pre-School/YMCA* Learning Tree Pre-School/Holmes Elementary*

* Please check with the Preschool Director to see if there are any open spots.

REQUIRED INCOME DOCUMENTATION INFORMATION

- Originals will not be accepted — **ONLY COPIES OF DOCUMENTS WILL BE ACCEPTED.**
- Documents will be shredded after 30 days.
- For financial security, please black out or white out any social security or bank account numbers prior to submitting documentation.

INCOME DOCUMENTATION

REQUIRED

- 1040 Federal Tax Return
(Page 1-2 and Schedule C if self-employed)

EMPLOYED - PROVIDE ONE OF THE FOLLOWING

- Two consecutive pay stubs for EACH wage earner, showing gross income.
- If pay stubs are not available, attach letter of employment specifying gross salary, signed and dated by employer on company letterhead.

I/WE RECEIVE:

- Housing Assistance (HAP)
- Food Assistance (FAP, SNAP)
- Head Start Services
- Free School Lunch Program
- GSRP Income Qualified (Great Start Readiness Program)

ALL APPLICANTS - PROVIDE ANY OF THE FOLLOWING

- Social Security Administration Letter
- Unemployment Status
- Retirement
- Pension
- TANF (Temporary Assistance to Needy Families)
- Foster Care Subsidiary Letter
- Child Support
- Alimony
- Any other income that pays expenses

ABILITY TO PAY

What is the dollar amount that you are willing to pay or have the ability to pay each month? \$ _____ /month
(amount required)

TELL US MORE

- List and document any special circumstances that contribute to your request for financial assistance. Please use additional sheet if necessary.
- Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

VERIFICATION AND AUTHORIZATION

I hereby verify that the information provided on this application is accurate. This includes, but is not limited to, dependents, and documentation of income and expenses for all wage earners.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Approved discount _____ % Membership Director _____ Date _____