



# CANBY COMMUNITY PRESCHOOL

2018-2019

## FINANCIAL ASSISTANCE APPLICATION FORM

Canby Community Preschool offers limited financial assistance to children enrolled in the program. Financial assistance is awarded in the form of full or reduced tuition and is based on available funds and family needs. Financial assistance is awarded with priority to 4-year-olds scheduled to enter Kindergarten the following year.

In determining what allowances to make for financial assistance each year, the committee will consider:

- Funds available in the CCP Scholarship Fund
- The number of families requesting financial assistance
- The economic status of the families requesting assistance
- The number of siblings living with the family
- The needs of the student

To apply for a financial assistance to Canby Community Preschool, families are required to submit the following:

1. Completed and signed application
2. Copies of last year's W2's

All information is held in the strictest confidence. The Treasurer will cover all identifying information before submitting request to the committee. Families that are not awarded the scholarship and need to withdrawal from the program will be refunded their full registration fee.

### Federal Eligibility Income Chart for the 2018-2019 School Year:

Household Size	Annual	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,436	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Each additional person:	\$7,992	\$666	\$154



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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Names and ages of all family members living in the house:

_____	_____
_____	_____
_____	_____
_____	_____

Family Income Information (all family income must be included):

	Parent/Guardian 1	Parent/Guardian 2
Employer		
Work Phone		
Yearly Gross Salary		
Paid (please circle one)	Weekly Biweekly Monthly	Weekly Biweekly Monthly
Monthly - Unemployment Income		
Monthly - Social Security		
Monthly - Child Support or Alimony		
Monthly - Disability		
Other Income		
Other Income		

Family's monthly budget allotted for preschool tuition: \_\_\_\_\_



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List the reasons why you feel your child would benefit from attending Canby Community Preschool. Please include any special needs your child may have.

Please list or describe any family circumstances that have made it necessary to receive financial assistance for your child's preschool tuition.

If I or we receive financial assistance:

1. I/We agree to pay the registration fee. If requesting half tuition, I agree to pay 50% of tuition monthly.
2. I/We agree to participate in the required parent meetings, have a parents job, have an auction job, acquire at least the minimum of \$300 auction donation and parent help approximately 14 times per year and participate as described in the Parent Handbook.
3. I/We certify that all information on this form is correct and true. By signing this application, I agree to promptly report any changes in the above.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed application and a copy of last year's W2 to [CCPreschoolTreasurer@gmail.com](mailto:CCPreschoolTreasurer@gmail.com) or by mail:

ATTN: Treasurer

Canby Community Preschool

P.O. Box 1132

Canby, OR 97013

*Please use back side of this page to include any information on the current family income or an explanation of changes that have occurred since last year's taxes in regards to the family income.*