Dear Parents,

It is our philosophy at Westminster Early Childhood Programs that, whenever possible, no child is denied the right to come to school because of financial reasons. Tuition assistance is often available upon request to the Financial Assistance Committee. The committee meets in the spring and other times, if necessary, during the year. Need, family size and income determine Financial Assistance.

After completing the application in its entirety, please return the application and all supporting documents, (W2(s), 1040, and most recent pay stub(s), to the business office at WECP. We strongly encourage you to write an accompanying letter. It helps the committee understand your situation. The information is then transferred to a confidential spreadsheet and assigned a number. The spreadsheet is given to the Financial Assistance Committee for review; each case is evaluated anonymously, known only by number.

Financial Assistance is only considered for the current school year. Therefore, each family must re-apply each school year.

If you have any questions or concerns, please feel free to call me.

Sincerely,

Kathryn Wilde
Financial Director x305
Financial Assistance Application

**STUDENT INFORMATION**

Name of Family: ________________________________ Telephone: ____________________

Address: ________________________________________________________________________

City: __________________________ State: __________ Zip: ______________

Children for whom financial assistance is needed:

1. ___________________________ __/__/_____ __All Day __Morning ____________________
   Child's Name Birthdate Days Enrolled Hours

2. ___________________________ __/__/_____ __All Day __Morning ____________________
   Child's Name Birthdate Days Enrolled Hours

3. ___________________________ __/__/_____ __All Day __Morning ____________________
   Child's Name Birthdate Days Enrolled Hours

**FAMILY INFORMATION**

Parent's Name: ________________________________ Occupation: ____________________

Parent's Name: ________________________________ Occupation: ____________________

Guardian: ________________________________________________________________________

Occupation: ____________________

List all other family members in the household:

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<th>Name</th>
<th>Age</th>
<th>School (if applicable)</th>
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*Please note: a copy of your most recent Federal Income Tax Form, copies of your W2 Forms, and a copy of your most recent pay stub MUST accompany this application.*
FINANCIAL INFORMATION

Yearly Gross Income
(from salary, wages, interest, dividends, rental income, etc.)

Parent 1: ____________________________
Parent 2: ____________________________
Other: ____________________________

Days/Hours
(work or school, per week 7:30-5:30)

__________________________
__________________________
__________________________

Is Applicant(s) married, divorced, widowed, single, etc.? ____________________________

Are you currently receiving childcare assistance from NYSDSS (OCFS)? ___ Yes ___ No

Do you plan to receive childcare assistance from NYSDSS (OCFS) during this school year? ___ Yes ___ No

Monthly Expenses:

- Housing __________
- Utilities __________
- Student Loans __________
- Medical Expenses: __________
- Child or other support (outside home): __________
- Tuition or daycare expenses not attending WECP: __________
- Other extra ordinary expenses (tax debts, bankruptcy, judgements) __________

Please list any stocks, bonds, savings, cash or investment accounts in excess of $5,000 owned by applicants: ____________________________

__________________________
__________________________

Amount of financial assistance requested: $___________

- monthly WECP tuition (total for all applicants)

- $___________ assistance needed per month

- $___________ total anticipated family cost

Will financial assistance be needed for the entire school year? ______ Yes ______ No

Describe any increase or decrease in any of the above categories anticipated to occur within the upcoming school year: ____________________________

If there is a change in your circumstances/needs/tuition there may be a change in financial assistance.

Please attach a letter explaining any other financial considerations demonstrating need for assistance (medical expenses, nursing care for dependents, etc.)

I certify that all of the information furnished in this application is true and correct to the best of my knowledge.

__________________________
Signature of Parent or Guardian

__________________________
Date