



# **First United Methodist Church School for Little People**

## **School for Little People's Application for Tuition Assistance**

Director: Faye Canafax  
Phone (940) 766-0575  
Fax (940) 766-1411  
E-mail slp@fumcwf.org

First United Methodist Church  
909 10th Street  
Wichita Falls, Texas 76301

### **Before you complete this form please read and understand the following:**

- All information is confidential. This application is put before the SLP Board Budget and Finance Committee and approved by the SLP Parent Advisory Board, however your identity will not be disclosed unless requested.
- Filling out this application does not guarantee a scholarship will be awarded. We look at all applications regardless of race, religion, creed, or national origin and do not discriminate against persons with disabilities.
- Scholarships will be awarded to those judged by the board to be most needful based on the information you provide for us and funds available.
- The amount of the scholarship awarded is also based upon need and availability of funds. You may request an amount if you wish.
- If you receive a scholarship, and at some time during the school year no longer need it please let us know.
- Donations are accepted to the scholarship fund at any time. Your contribution will be gladly accepted if you feel, at some point in the future, you are able to contribute to the SLP scholarship fund; thus, perhaps, allowing another child to attend the school, as this scholarship will allow your child to attend.
- The board does not offer anyone a full scholarship.

**Please answer all questions listed as fully as possible.**

Child or Children's Name(s) \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

**Place of Employment:**

(Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

**Family Income** (please include all sources of income including child support):

*Please include a copy of your income tax return for the previous year to verify.*

Mother's monthly income \_\_\_\_\_ Father's monthly income \_\_\_\_\_

Child support \_\_\_\_\_ Other monthly income \_\_\_\_\_

Number of Children living in the home and ages:

\_\_\_\_\_  
\_\_\_\_\_

Number of Children attending SLP: \_\_\_\_\_

Class or Classes Desired (Please include early birds, lunch bunch and long runners programs. Please indicate number of days attending):

Pre-school class \_\_\_\_\_

Early Bird \_\_\_\_\_

Lunch Bunch \_\_\_\_\_

Late Runners till 4:00 \_\_\_\_\_

Late Runners till 5:15 \_\_\_\_\_

Total Tuition expected per month: \_\_\_\_\_

Total Extended care costs expected per week: \_\_\_\_\_

Scholarship Amount Desired: \_\_\_\_\_

***Please explain (below and on the back) any special circumstances, financial, medical, or other, that you feel the Board should be aware of in making its decision.***

---