



First United Methodist Church School for Little People

School for Little People's Application for Tuition Assistance

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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.
- **Applications may be made in the school office and must be approved by the board. If you wish to apply for assistance, you must complete the scholarship form and provide proof of income via payroll receipts and last year's income tax. No application will be processed unless all required materials are attached and received by the deadline date.**
- 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.
- The family of children receiving a scholarship is **expected to volunteer and actively participate** in meetings and activities and pay some portion of the tuition. Full scholarships are not granted. Scholarships are generally awarded for **up to** ½ of the preschool tuition amount.
- Scholarship recipients are required to pay their portion of the tuition according to the tuition guidelines. If the applicants become 2 month past due, they will forfeit their scholarship.
- 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.
- **Scholarship application deadline is May 20, 2010.**

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 till 3:00 _____

Extended Care till 4:00 _____

Extended Care 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.
