

LAWRENCE ARTS CENTER
KELLY GALLOWAY KINDERGARTEN
FINANCIAL AID APPLICATION
2017-2018

The Lawrence Arts Center is committed to providing quality arts programming to our community. A financial aid fund has been established to provide financial aid to families in need of assistance with kindergarten tuition. Financial assistance will be awarded to help only with kindergarten tuition, not extended day tuition. Although our funds are limited, we try to help as many families as possible.

Financial Aid is awarded on the basis of financial need. The number of requests, the cost of the tuition, and the amount requested are all considered. We follow Federal income guidelines for Child/Adult Care Food Program (CACFP) which is also used for the school district lunch program.

All applicants will be asked to pay the non-refundable \$65 enrollment fee at the time of enrollment. A payment plan can be arranged to offset any potential financial burden caused by this fee.

Applications received by June 14th, 2017 will be given first consideration. After that date, financial aid will be awarded if funds are available.

Application Procedure:

1. Return completed form **with your most recent income tax return or 1040NR form and verification of household income from all sources** to the Lawrence Arts Center Preschool Director. If the applicant has no income or unique income sources, add a brief note explaining your circumstances. **Financial aid applications will not be processed without completed forms and required documentation.**
2. The Arts Center will notify you by email after the Financial Aid Committee reviews all applications.
3. If awarded financial aid, you will need to pay the portion of tuition not covered by financial aid.

Has child attended the LAC Arts Based Preschool? Yes No

Has child attended other classes at the Lawrence Arts Center? Yes No

NAME OF CHILD _____ AGE _____ DOB ____/____/____

NAME OF PARENT/GUARDIAN _____

EMAIL ADDRESS _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (day) _____ PHONE (evening) _____

Please fill out all pages of this form. Incomplete applications will not be accepted.

LIST ALL HOUSEHOLD MEMBERS & ALL SOURCES OF INCOME

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

List Annual Income From All Sources In Household: \$ _____
Total Income from Employment: \$ _____
Total Income from Sources Other than Employment: \$ _____

student financial aid social security unemployment family support
 retirement/pension income from other sources (specify) _____

ATTACH VERIFICATION FOR ALL FORMS OF INCOME TO THIS FORM.

Total Annual GROSS Household Income: \$ _____

- Is the student a foster child? YES NO
- Do you participate in the school lunch program? YES NO
- Do you qualify for financial assistance from the government? YES NO
If YES, please detail _____

- Are you unemployed? _____
- Please indicate any other information or special circumstances regarding your need for financial aid:

- How will your student benefit from receiving financial aid?

- Will your child be attending any other kindergarten or early childhood program this school year? YES NO

If yes: Will your child receive financial assistance at the program? YES NO

- Would you be willing to volunteer time at the Lawrence Arts Center Kindergarten?

_____ Helping with class
 _____ Helping with field trips or special activities
 _____ Other skills or talents, please specify _____

The Lawrence Arts Center Kelly Galloway Kindergarten asks that persons applying for financial assistance pay that portion of the monthly tuition which they are able to pay when the financial aid application is turned in. We are unable to offer full financial aid awards.

Monthly tuition fees for 2017-2018 are \$375 for 5 days per week. Monthly payment is late if not received by the 10th of each month. There will be a \$10.00 late fee assessed for late monthly payments.

Total amount due per month **\$375.00** _____

Financial Aid amount requested from the Arts Center \$ _____

Amount to be paid by family \$ _____

I understand my responsibilities if my child is awarded financial aid. I promise that my child will attend all of the classes unless an emergency arises. Failure to notify the kindergarten of my cancellation of enrollment will result in loss of opportunities to other individuals and will jeopardize my opportunity for future financial aid.

SIGNATURE _____ DATE _____

Checklist for Application:

- ___ **Completed Enrollment Form for each student**
- ___ **Completed Financial Aid Request Form for each student**
- ___ **Income Verification documents**

FOR OFFICE USE ONLY:	
Total Monthly \$ _____ / Household Size _____ = _____	
Amount Awarded \$ _____ / month x 9 = \$ _____ yearly award	_____ % tuition