



# LAWRENCE ARTS CENTER EARLY CHILDHOOD EDUCATION FINANCIAL AID APPLICATION 2024-2025

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 tuition. Financial assistance will be awarded to help only with preschool or 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.** We are unable to offer full financial aid awards. The number of requests, the cost of the tuition, and the amount requested are all considered. We follow Federal income guidelines for the 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 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 1<sup>st</sup>, 2024, will be given first consideration. After that date, financial aid will be awarded if funds are available.**

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## Application Procedure:

1. Return the 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 Director of Early Childhood Education. If the applicant has no income or unique income sources, add a brief note explaining your circumstances. **Financial aid applications will only be processed with completed forms and required documentation.**
2. The Lawrence 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 the deposit and tuition not covered by financial aid.

Has the child attended the LAC Arts-Based Preschool before?  Yes  No

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

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF PARENTS/GUARDIANS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (day) \_\_\_\_\_ PHONE (evening) \_\_\_\_\_

Please fill out all pages of this form. Only complete applications will 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 \_\_\_\_\_

**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) \_\_\_\_\_

**List Annual Income From All Sources In Household:** \$ \_\_\_\_\_

**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 another preschool or childcare center this school year?  
  - 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 Preschool or Kindergarten?

\_\_\_\_\_ Helping with class  
 \_\_\_\_\_ Helping with field trips or special activities  
 \_\_\_\_\_ Other skills, please specify \_\_\_\_\_

Monthly tuition fees for 2023-2024 are listed below. Monthly payment is late unless received by the 10<sup>th</sup> of each month. There will be a \$15.00 late fee assessed for late monthly payments.

**PLEASE INDICATE WHICH SESSION YOU ARE APPLYING FOR:**

**PRESCHOOL:**

\_\_\_\_\_ 2 days AM or PM                      \$165 per month  
 \_\_\_\_\_ 3 days AM or PM                      \$225 per month  
 \_\_\_\_\_ 5 days AM or PM                      \$395 per month

**KINDERGARTEN:**

\_\_\_\_\_ 5 days                                      \$415 per month

**Total amount due per month      \$ \_\_\_\_\_**

**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 am committing to my child attending all of the classes unless an emergency arises. Failure to notify the Director of Early Childhood 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