

LAWRENCE ARTS CENTER EARLY CHILDHOOD EDUCATION FINANCIAL AID APPLICATION 2025-2026

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 2nd, 2025, will be given first consideration. After that date, financial aid will be awarded if funds are available.

Application Procedure:

1. Retu	rn 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?	D No
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Has the child attended other classes at the Lawrence Arts Center? \square Yes \square No

NAME OF CHILD	AGEDOB//
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	
Name	
Name	Date of Birth
Total Income from Employment:	\$
Total Income from Sources Other the	
🗆 student financial aid 👘 🗆 social	security 🛛 unemployment 🔅 family support
□ retirement/pension □ income	e from other sources (specify)
List Annual Income From All Sources ATTACH VERIFICATION FOR ALL FOR	
Total Annual GROSS Household Inco	me: \$
• Is the student a foster child?	□ YES □ NO
• Do you participate in the sch	ool lunch program? 🛛 YES 🗆 NO
	ssistance from the government?
 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?
 - \circ If yes: Will your child receive financial assistance at the program? \Box YES \Box 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 2025-2026 are listed below. Monthly payment is late unless received by the 10th of each month. There will be a \$15.00 late fee assessed for late monthly payments. Financial Aid funds are not awarded to cover the extended care program. The expense for extended care will be added to the monthly tuition.

PLEASE INDICATE WHICH SESSION YOU ARE APPLYING FOR:

PRESCHOOL:		
	2 days AM or PM	<u>\$170 per month</u>
	3 days AM or PM	
	5 days AM or PM	\$405 per month
<u>KINDERGARTEN:</u>	5 days	<u>\$420 per month</u>
Total amount due per month		<u>\$</u>
Financial Aid amount requested from the Arts Center		<u>\$</u>
Amount to be paid by family		<u>\$</u>

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		