

ARK PRESCHOOL FINANCIAL AID APPLICATION FORM

Child Name _____
Last First

Number in Household _____

Office Use Only	
Form rcvd.	
Financial Aid Comm.	
Offer Report	

Child's birth date: _____

Adjusted Income ★
Calculated on back

Applying for 2026-2027

PLEASE USE A SEPARATE FORM FOR EACH CHILD

Parent/
Guardian

#1 Name: _____ Email: _____ Phone: _____

Current Employer: _____ Occupation: _____ Hrs/wk: _____

Parent/
Guardian

#2 Name: _____ Email: _____ Phone: _____

Current Employer: _____ Occupation: _____ Hrs/wk: _____

How many days per week are you planning to attend (4 days is full time) _____

Financial Aid awarded on the basis of financial need to those families who could not otherwise afford to attend ARK Preschool or to those experiencing a temporary financial emergency.

Financial Aid is awarded up to 50% of tuition, based on income guidelines and fund availability.

Fall applications are due by July 31st. Decisions will be made by August 31st.

OFFICE USE

Assigned Class Name _____	Teacher Name _____	Monthly Aid \$ _____
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Mail to:
 ARK Preschool
 Arbor Heights Community Church
 4113 SW 102nd St
 Seattle, WA 98146

For questions: Contact
 Leah Barham
 Preschool Director
 206-854-1684

PLEASE USE SEPARATE FORM FOR EACH CHILD

The following information is necessary to determine need and will be held in the strictest of confidence.

INCOME after taxes	Last Month	This Month	Est. Next Month
Net Income/ Take Home Pay			
Rental Income Received			
Spousal Support			
Interest/ Dividends			
Other			
Income Subtotal	A	B	C

EXPENSES	Last Month	This Month	Est. Next Month
Child Support Paid			
Health Insurance Paid Out of Pocket			
Expense Subtotal	E	F	G

Average Selected Monthly Expenses

H

From above: $E + F + G = \underline{\hspace{2cm}} \div 3 =$

Average Monthly Income

D

From above: $A + B + C = \underline{\hspace{2cm}} \div 3 =$

Adjusted Income

★

$D - H =$

Please describe the circumstances which make tuition assistance necessary. If additional space is needed, please use another page.

Optional: Please provide additional expense information.

Expenses	Monthly
Rent/mortgage	
Utilities	
Food	
Car/life insurance	
Bus /gas	
Credit card payment	
Medical	
Dental	
School tuition	
Loan payment (student/auto/etc.)	
Other	
Total	

I declare under the laws of the State of Washington that the information given is true and correct.

Signature of Parent: _____

Printed Parent Name: _____

Date: _____

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