

# 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  2024-2025

**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.

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

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

Average Selected Monthly Expenses

<b>H</b>
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From above:  $E + F + G = \underline{\hspace{2cm}} \div 3 =$

Average Monthly Income

<b>D</b>
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From above:  $A + B + C = \underline{\hspace{2cm}} \div 3 =$

Adjusted Income

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$D - H =$

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

Optional: Please provide additional expense information.

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

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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