



703-256-1100
wps@annandale-umc.org

AUMC Weekday Preschool AUMC Early Learning Program



VA DSS
Fully Licensed



703-256-8667
elp@annandale-umc.org

Dear WPS & ELP Families,

Attached is the Application for Tuition Assistance for the current school year. In addition to the form, you must provide proof of income, including your most recent 1040 and W-2 forms. For eligibility, we use the income/family size guidelines used by FECEP/Head Start. Once the application and appropriate documentation has been provided, our Scholarship Committee will convene to vote on whether or not we are able to grant your request at this time, and to determine the amount available if any. Qualification is based on need, number of families applying for assistance, scholarship funds available, and your ability to commit to volunteering at the school.

If you have any questions, please feel free to contact me.

Thank you,

Cherrie S. Welch

Director
AUMC Weekday Preschool
AUMC Early Learning Program



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APPLICATION FOR TUITION ASSISTANCE

I am seeking tuition assistance for (please circle): **Weekday Preschool** **Early Learning Program**

Child's Name: _____ School Year/Session: _____

Mother's Name: _____ Monthly Income: \$ _____

Father's Name: _____ Monthly Income: \$ _____

of Dependents: _____ Home Phone #: _____ Cell #: _____

Home Address: _____

Mother's Place of Employment/Occupation: _____

Job Position Title: _____ Employer's Phone Number: _____

Father's Place of Employment/Occupation: _____

Job Position Title: _____ Employer's Phone Number: _____

Family Monthly Expenses: \$ _____ How much can you pay toward each month's tuition? \$ _____

How many months do you need assistance? _____

Are there additional circumstances that we should consider in determining your financial assistance?

Are you able to offer volunteer hours for the program? _____ How many hours per week? _____

Proof of income must be submitted to verify eligibility.

A copy of the most recently filed Form 1040 and W-2's from all income sources are required.

By signing below, I certify that all information provided is true and accurate.

Signature

Date