

Hiland Preschool
845 Perry Hwy
Pgh, PA 15229

Request for Financial Aid

Name of Child _____ Child's Birthday _____

School Year Applying For _____ Child's Class _____

Address _____ City _____ Zip _____

Father's Name _____ Home Phone # _____

Father's Address (if different from child's) _____

Cell Phone # _____ City _____ Zip _____

Father's Employer _____ Employer's Phone # _____

Mother's Name _____ Home Phone # _____

Mother's Address (if different from child's) _____

Cell Phone # _____ City _____ Zip _____

Mother's Employer _____ Employer's Phone # _____

Names and Ages of Children in Family

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please list all sources of household income (Employment)

_____ Monthly Earnings (gross) \$ _____

_____ Monthly Earnings (gross) \$ _____

_____ Monthly Earnings (gross) \$ _____

_____ Monthly Earnings (gross) \$ _____

_____ Monthly Earnings (gross) \$ _____

Please list additional sources of household income including child support, WIC, welfare, food stamps, social security and unemployment as applicable.

_____	Monthly Earnings (gross) \$ _____
_____	Monthly Earnings (gross) \$ _____
_____	Monthly Earnings (gross) \$ _____
_____	Monthly Earnings (gross) \$ _____
_____	Monthly Earnings (gross) \$ _____

Please tell us briefly why you are requesting financial aid.

I certify that the information provided in this form is complete and accurate to the best of my knowledge.

Print Name _____

Signature _____ Date _____

◆ Please attach copies of your most recent pay stub from each source of income, last year's W2s, and copies of each additional source of income to this form. ◆

◆ Application must be received by May 1st to be considered for the upcoming school year. ◆

For Office Use Only

Application APPROVED by the Hiland Preschool Board Date _____

Amount Approved Per Month \$ _____ New Tuition: Yearly \$ _____ Monthly \$ _____

Application DECLINED by the Hiland Preschool Board Date _____

Signature of Registrar _____ Date _____