



## Neumann Early Learning Academy Financial Assistance Program

### Application Form *To be completed by parent or guardian*

Active members of St. John Neumann Catholic Church can apply for a partial scholarship if the family meets all criteria. Being an active member is defined as a family member who is on the membership rolls of St. John Neumann Catholic Church, attends church during the year and participates by giving of time, talent or treasure. Final approval of active parish participants is given by the Pastor.

If the family qualifies for aid, then Neumann Early Learning Academy will present a financial aid offer to the parents/guardians for approval. Persons receiving financial aid are always responsible for a portion of the tuition and all fees.

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer's Phone # \_\_\_\_\_

What school year is this application for? \_\_\_\_\_

Check the program that you are applying for financial assistance.

Pre-K 3 half day       Pre-K 3 full day

Pre-K 4 half day       Pre-K 4 full day

VPK student staying for the afternoon (after the VPK program has ended)

**Income Verification: Attach copies of recent paychecks and front sheet of your income tax forms. If you feel you are in need of special consideration, due to loss of a job, medical expenses, emergency expenses, etc. please explain your situation on the back of this form or attach a letter.**

List of Names of Everyone in Your Household	Gross Monthly Earnings (before deductions)	Monthly Welfare, Child Support, Alimony	Monthly Pensions, Retirement, Social Security	Other Monthly Income	Total Monthly Income
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**Total Number of Household Members** \_\_\_\_\_ **Total Monthly Income \$** \_\_\_\_\_

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Email to [lwudtke@neumannearlylearning.org](mailto:lwudtke@neumannearlylearning.org) or drop off at the Church office.