

# Beverly Heights Christian Preschool Family Application for Financial Assistance

## Registration Information:

Parent/Guardian's Name: \_\_\_\_\_  
First Name Middle Initial or Name Last Name

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First Name Middle Initial or Name Last Name

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

**Please list below all children applying scholarship. Children three years of age and older and enrolled in Beverly Heights Christian Preschool are eligible.**

	Child 1	Child 2	Child 3	Child 4
Name				
Date of Birth				
Gender				
Relation to Guardian				
School Attended Last Year				
Grade Level Last Year				

## Conditions of Eligibility:

Household size (sum of adults and children as reported on the **Financial Information Form**): \_\_\_\_\_

Total household income (Please see **Financial Information Form** to determine income): \$ \_\_\_\_\_

(Please put a check in the box to the left of each statement to indicate the statement is true. **An affirmative answer to all the following questions is required for scholarship eligibility**).

- I promise to pay my child's school account in a timely and responsible manner. I understand that failure to stay current with tuition payment will result in loss of scholarship funds.
- I certify that our family qualifies for the scholarship program according to the income guidelines.
- I certify that the above student(s) is entering a BHCP in fall of current school year.
- I promise to ensure at least 90% attendance of my child(ren) or risk the loss of my scholarship.

## Financial Information Section

**Financial Information:**

All parents and/or guardians who claim scholarship recipients as dependents must report income on the form with supporting documentation. **A copy of your last Federal Income Tax Return must accompany this application.**

Head of Household Name: \_\_\_\_\_  
First Name
Middle Initial or Name
Last Name

Number of people in household: Adults \_\_\_\_\_ Children \_\_\_\_\_

Please list children in your household applying for scholarships:

Children's Names: \_\_\_\_\_  
 \_\_\_\_\_

INCOME SOURCE	FATHER	MOTHER	OTHER	
Adjusted Gross Income Reported on Current 1040***				<b>Total Household Income (Sum of Row)</b>
AFDC or ADC				
Other Public Assistance				
Any Other Additional Income				
Total Individual Income (sum of each column)				

**\*\*\*To verify income please attach to this application copies of your current year Form 1040 tax return and other supporting proof of income. Married couples filing separately must attach both forms. If you would like a free copy of your 1040, please call the Internal Revenue Service at 1-800-829-1040.**

I understand that all of the above conditions must be met by my child/family to be eligible for a scholarship award. I agree to release BHCP from any liability in its efforts to provide this scholarship.

I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true, and I acknowledge that failure to do so will invalidate the scholarship.

\_\_\_\_\_  
 Print Name of Parent or Guardian                      Signature of Parent or Guardian                      Date

\_\_\_\_\_  
 Print Name of Parent or Guardian                      Signature of Parent or Guardian                      Date

**COMPLETE THIS SECTION ONLY IF YOU DO NOT FILE A 1040:**

(Parents/guardians using a notary must also provide supporting financial information.)

I certify that this applicant has provided me or this notary service with adequate proof of income and that to my knowledge the financial information provided on this form is true and complete.

**Space for Notary Stamp**

\_\_\_\_\_  
 Notary Signature                      Date

\_\_\_\_\_  
 Notary Name Printed

