

**SALEM PRE-SCHOOL APPLICATION FOR FINANCIAL AID**

**1. FAMILY INFORMATION**

|                                     |  |
|-------------------------------------|--|
| <b>Parents Names</b> _____<br>_____ | <b>Student's Name</b> _____<br><b>Telephone</b> _____                              |
| <b>Address</b> _____<br>_____       | <b>Names and ages of other dependents in the family</b><br>_____<br>_____<br>_____ |

**FOR EACH EMPLOYED FAMILY MEMBER, PLEASE PROVIDE THE FOLLOWING:**

| Name  | Employed by | Employer's Address | Telephone | Contact person |
|-------|-------------|--------------------|-----------|----------------|
| _____ | _____       | _____              | _____     | _____          |
| _____ | _____       | _____              | _____     | _____          |

**Total annual income from all sources for the previous year: \$** \_\_\_\_\_

- 3. Is anyone in your family currently receiving any federal or state assistance such as welfare, food stamps, free lunch program, etc.? If so, please list the type and amount of aid received.**
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- 4. Is there any family or financial information which you feel would be helpful to the Salem Pre-School Board in making a decision about financial aid for your child?**

**I certify that the above information is correct and that all incomes are reported. I understand that I may be asked to provide documentation to verify this information.**

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

**Please return this form along with the previous year's W-2 or Income Tax Return to the Salem Pre-School. We appreciate your interest in the Salem Pre-School and assure you that all information on this form will be kept confidential by the Financial Aid Committee of the Salem Pre-School Board.**