

## **Tuition Assistance Application**

Date:	
Parent's name(s):	
Occupation(s):	
Student(s) Name(s):	
Address:	
Phone:	
Email:	
Scholarship Consideration Requested:	
1 Month Crisis:	
Partial Year (3 Months):	
Full Year:	
Current Tuition Rate:	Amount Family Can Pay:

*Please attach a letter of explanation of circumstances.* If you wish to be considered for a Full Year Partial or Full Scholarship, please attach the first page of the family's most current Federal 1040 Tax Form. All information is private and confidential.

Although scholarship requests may be made at anytime, to be considered for a Full Year Partial or Full Scholarship for the 2024-25 school year, forms should be in by April 1. You will be notified on or before April 26. It is ELP's desire, if possible, to remove income barriers for a families who value the early learning experience. We know that these years are transformational for our children and their families.

I understand that scholarships are based on need and available scholarship funds. Should the circumstances change, I will notify the ELP directors immediately. Initial : \_\_\_\_\_

I understand that all information will be reviewed in a confidential manner and that all information I have supplied is correct.