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# UNION CONGREGATIONAL WEEKDAY NURSERY SCHOOL

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## Financial Assistance Request Form

**All information is confidential.**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Parents: \_\_\_\_\_

Class: \_\_\_\_\_ Annual tuition amount: \_\_\_\_\_

Amount of assistance requested: \_\_\_\_\_

Please give a brief explanation for your request for financial assistance.

**Attach verification of annual income (recent pay stub from all parents/guardians responsible for child's tuition and most current tax return).**

Do you receive regular income from other sources? \_\_\_\_\_

\_\_\_\_\_

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

Financial Assistance will be awarded with class placement notification.

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For Office Use only

\_\_\_\_\_ request granted \_\_\_\_\_ date \_\_\_\_\_  
amount \_\_\_\_\_

\_\_\_\_\_ request denied