



First Lutheran Preschool & Kindergarten
18354 8TH Ave NW, Shoreline, WA 98177
206-546-0320 preschool@flrb.org
school.flrg.org

2020-21 Tuition Assistance Application

Our hope is that children and families have access to First Lutheran Preschool & Kindergarten regardless of financial ability. Our Tuition Assistance Program utilizes funds donated to the school each year to support families in covering the cost of tuition. Applications will be reviewed by the School Board each spring for the next school year. Families will receive written notification of tuition assistance from the School Board prior to the first tuition payment due June 15th.

If the other expenses of preschool or kindergarten (such as, snack, teacher appreciation, school fundraisers etc.) ever become an added burden, please contact the school office. We do have funds set aside for just such emergencies.

To be considered for Tuition Assistance, please provide the following:

- 1. Completed Tuition Assistance Application**
- 2. Copy of current year's tax forms/returns, last 2 pay stubs, or profit and loss statements**

Please complete the following information. The information you provide in this application will be kept confidential.

Parent/Guardian _____

Home Address _____ City _____ Zip _____

Home Phone/Cell _____ Work Phone _____

Students enrolling at First Lutheran Preschool & Kindergarten for the 2020-21 school year

(Name) _____ (Class) _____ (Tuition) _____

(Name) _____ (Class) _____ (Tuition) _____

(Name) _____ (Class) _____ (Tuition) _____

Please tell us why you would like your child to attend First Lutheran Preschool & Kindergarten.

Gross Monthly Income:

1st income \$ _____
2nd income \$ _____
Other \$ _____
(Such as child support, unemployment benefits, etc)

Total Monthly Income \$ _____

Monthly Expenses:

Please fill this section out as accurately and completely as you can.

Monthly Rent or Mortgage _____

Monthly Cost of Child Care _____
(not including First Lutheran)

Other Monthly Expenses _____
(Any other monthly expense you would like the Board to take into consideration.)

What monthly amount do you feel you can contribute to this student's tuition? _____ per month

Are there any special family circumstances (financial or other) of which we should be aware?

I hereby swear and affirm that the above information is true and accurate to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

For office use:

Application Received _____
Decision _____

Reviewed by Board _____
Amount _____