

Allen Creek Preschool Tuition Assistance Form School Year 2025-26

Notes:

1. Financial Assistance applications are processed confidentially by the Executive Director and administrative team in the order in which they are received, with priority given to returning families until February 15th prior to the applicable school year.
2. Financial Assistance eligibility is calculated independently of Financial Assistance availability. A preliminary determination that you are eligible for funds does not guarantee that the funds will be available.
3. Make sure to describe any relevant additional information we should know about regarding your current situation.
4. If your financial circumstances change significantly over the course of the school year, please inform the executive director. We will be happy to review your situation and consider changes in your award amount.
5. Allen Creek's goal is to turn no one away for financial reasons. If you feel unable to pay, either with or without a scholarship, Allen Creek will explore alternative payment schedules to accommodate your family's needs.
6. All financial information is kept strictly confidential. After verification all supporting documentation (W-2's, etc.) will be returned or destroyed.
7. Page Two is designed to protect your privacy. Please keep this in mind when completing the form.

Parent Name(s): _____

Address: _____

City, State, Zip: _____

Child's Name(s): _____

Phone (also enter on Page 2): _____

Email: _____

Date Submitted: _____

INSTRUCTIONS (PLEASE FOLLOW CAREFULLY):

1. Fill out Page One completely. Phone number is required on both pages.
2. Attach all relevant documentation (W-2 and 1099) to Page One.
3. Fill out Page Two completely. Return both pages and documentation to:

**Allen Creek Preschool
2350 Miller Ave.
Ann Arbor, MI 48103**

Name: _____ Phone: _____ Date Submitted: _____

Class(es) Interested in:

- Parent Toddler Preschool Programs
 Preschool Programs w/ Fri Option Extension Programs

Names of Children Attending Allen Creek _____

SECTION ONE: INCOME	Amount	Office Use
1. One parent's annual wages, salaries, tips, bonuses, and other.	\$	
2. Other parent's annual wages, salaries, tips, bonuses, and other.	\$	
3. Other sources of income (dividends, interest, social security, pensions, welfare, child support, inheritance, family support, etc.)	\$	
TOTAL INCOME (add lines 1-3)	\$	

SECTION TWO: FAMILY MEMBERS

4. Number of family members living at home _____

SECTION THREE: ALLOWABLE EXPENSES

5. Annual health care costs (including mental health) not covered by insurance	\$	
6. Preschool/elementary education tuition costs (up to \$5000)	\$	
TOTAL ALLOWABLE EXPENSES (add lines 5-6)	\$	

SECTION FOUR: ADDITIONAL INFORMATION

Please include here any additional relevant **financial** information.