



fumcn

First United Methodist Cooperative Nursery
120 South State Street Ann Arbor, Michigan 48104 (734) 662-7660

APPLICATION FOR TUITION ASSISTANCE

1. Tuition Assistance is available to families enrolled in the Preschool and 2s programs. It is applied only to tuition fees. Registration fees, fundraising obligations, sibling care fees, and any other charges remain with the family.
2. Applications for fall 2024 are due by 4 pm on June 28, 2024, with notification by July 15, 2024. Fall awards cover tuition payments from August through December 2024. The winter deadline is 4 pm on December 13, 2024, with notification by December 31, 2024. Winter awards cover tuition payments beginning in January 2025 through the end of the academic year.
3. Return this application and relevant documentation (W-2, 2023 tax return, recent pay stubs, etc.) to the Treasurer. Please email the Treasurer at treasurer@fumcnpreschool.org for electronic submission, or to make arrangements for delivery of paper copies. For added security, black out social security numbers on any documents. The application is not considered complete until all documentation is submitted.
4. All Tuition Assistance decisions are made by the FUMCN Executive Board, comprised of the President, Vice President, Secretary, Treasurer, Membership Chair, 2s Program Representative, and lead teachers. All information provided by applicants will remain confidential. The Executive Board reviews the information in part 2 only. Only the Treasurer can see who has applied for or received tuition assistance.
5. We are unable to offer awards that cover the cost of full tuition. Award size is determined by (a) local Income Limits as defined by the Department of Housing and Urban Development; (b) other circumstances listed in part 2; (c) the number of applications received for any given semester; and (d) the availability of funds. We urge families to consider their schedule choices, in addition to the availability of Tuition Assistance, when making an enrollment plan for their child.



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6. Applications are for one semester only. Applications received past the due date will be considered in the order received and only if funds are still available.

While we cannot guarantee tuition assistance for every applicant, please be assured that your request will be treated with the utmost concern and remain confidential.

TUITION ASSISTANCE APPLICATION, PART 1

NAME OF CHILD(REN):

WEEKLY SCHEDULE:

SEMESTER:

PERCENTAGE OF TUITION ASSISTANCE REQUESTED:

APPLICANT'S NAME:

RELATIONSHIP TO CHILD(REN):

EMAIL ADDRESS:

The information I have provided on parts 1 & 2 of this application is accurate to the best of my knowledge.

SIGNATURE:

DATE:



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TUITION ASSISTANCE APPLICATION, PART 2

1. One parent's annual wages (including tips, bonuses, and/or unemployment)	\$
2. Second parent's annual wages (including tips, bonuses, and/or unemployment)	\$
3. Other sources of income (dividends, social security, disability, child support, etc.)	\$
TOTAL INCOME (add lines 1 - 3)	\$
NUMBER OF FAMILY MEMBERS LIVING IN HOME	
Please provide details about your financial needs and circumstances relevant to your application.	



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