



fumcn

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

APPLICATION FOR TUITION ASSISTANCE

1. Tuition Assistance can only be applied against tuition fees and will be deducted from tuition payments. The registration fee and fundraising obligations remain with the family.
2. Applications for the fall 2023 are due by 4 pm on July 12, 2023, with notification by July 31, 2023. Awards cover tuition payments from August through December 2023. The winter deadline is 4 pm on December 11, 2023, with notification by December 31, 2023. Winter awards cover tuition payments beginning in January 2024 through the end of the current academic year.
3. Return this application and relevant documentation (W-2, 2021 tax return, recent pay stubs, etc.) to the Treasurer. Please email the Treasurer at treasurer@fumcnpreschool.org for electronic submission, or to make arrangements to deliver paper copies. For added security, please black out social security numbers on any documents. The application is not considered complete until all documentation is submitted.
4. The Executive Board makes all tuition assistance decisions. The FUMCN Executive Board is comprised of the FUMCN President, Vice President, Secretary, Treasurer, Membership Chair, and FUMCN teachers.
5. All information provided by applicants will remain confidential. The Executive Board reviews the information in part 2 only. Only the Treasurer may see who has applied for or received tuition assistance.
6. We are unable to offer awards that cover the cost of full tuition. Award size is determined by local Income Limits as defined by the Department of Housing and Urban Development, other circumstances listed in part 2, the number of applications received for any given semester, and the availability of funds. We urge families to consider their flexible schedule choices, in addition to the availability of tuition assistance, when making an enrollment plan for their child.
7. Applications are for one semester. Applications received past the due date will be considered in the order received and only if funds are still available.

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



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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.	