

Valley Ranch Baptist Preschool
Tuition Assistance Application - 2024-2025 School Year

Name of Child(ren) Enrolling: _____
(If enrolling more than one child, please list each of their names, dates of birth and ages as of September 1, 2024)

Child(ren)'s Date of Birth: _____ Age(s) as of September 1, 2024: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Total # of Household Members (immediate family – parents and siblings only): _____

Parent Name(s) / Phone Number(s) / E-mail address(es):

1. _____

2. _____

List each sibling and date of birth: _____

Eligibility is based on your household gross income and other extenuating financial hardships.

- Please attach your pay stubs from the last 60 days or a letter from each parent's current employer stating the parent's name, hourly wages and the number of hours worked each week. Also, include the name and phone number of your employer(s) for employment verification.
Employer Name(s): _____ Phone number(s): _____
- Provide documentation for all other financial resources received by the parent or guardian for family support of the student enrolling in VRBP (Example: child support from a parent, the government or other entity);
- Please provide an explanation of other extenuating circumstances that are creating financial hardship for your family (Example: job loss/reduction, illness/medical bills). *Attach additional page, if needed.*

An application does not guarantee tuition assistance. We may ask for additional information.

I certify that all the above is true and hereby submit my application. This application must be signed by both parents/guardians. Completed application along with support documentation should be submitted to the VRBP Office.

Parent/Guardian Signature: *Date:*

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Office use only:

Date fully completed application with documentation received: _____
Class of student enrolled: _____ Tuition: _____ Supply Fee: _____