**Mountain View Parent Nursery School**

**Application for Tuition Assistance**

**2023-2024 School Year**

The information supplied by the applicant will be considered strictly confidential. It will not be made available to any individual or group not directly concerned with the granting of tuition assistance.

To be evaluated, all questions on this application must be completed. **A copy of the family's most recent federal tax returns (and spouse's, if married) along with pay stubs from the last two months, if applicable, should be attached to this form. Applicants will need to reapply for tuition assistance each school year. Any change in family income increases during the school must be reported our within 30 days.**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone #\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone #\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_Toddler Parent/Child \_\_\_\_ 2 days 2-Year-Old

 \_\_\_2 days 2.5-4-Year-Old \_\_\_\_ 3 days 3.5-5-Year-Old

Gross annual family income for the past calendar year: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of household members dependent upon the above income:\_\_\_\_\_\_

**Family Information**

Please completely fill out the following information for each family member now living in your home including the Parent/Guardian listed above and the child you are applying for.

|  |
| --- |
| Last Name First Name Relationship Gender Birthdate  |
|  |
|  |
|  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this completed application with required documentation to:**

Claire Koukoutsakis P.O. Box 4174 Mountain View, CA 94040 or email me at the address below. Questions? Please send email to: claire@mvpns.org