

# REQUEST FOR FINANCIAL ASSISTANCE

## Mount Hermon Play School

P.O. Box 413, Mount Hermon, CA 95041, 831-335-9420

Child's Name: \_\_\_\_\_

Date \_\_\_\_\_

*Which Class is your child enrolled?*

Ladybug (T, Th) 9am-Noon: _____ MONTHLY TUITION	Butterfly (M,W,F) 9am-Noon: _____ MONTHLY TUITION
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Financial assistance is only available for the 9:00am - noon option in each class and is never given for full tuition, half tuition is the max. For pre-K, it is only available for 3<sup>rd</sup> year students or children age 5 by September 1<sup>st</sup>. Mount Hermon Play School depends upon tuitions to pay the staff and buy the supplies needed to run the program. It is expected that families will contribute towards the cost to the extent of their personal ability. Payments that you agree to pay will be spread over a 12 month period (full year attendance). So if you need to pay less per month, we expect you to pay that amount for 12 months. You can start early in the summer or pay after school is over through the summer.

By submitting this form, you are stating that you are not paying for any other programs for your child or paying for any other "fun" things instead of paying full tuition.

**Instructions:**

1. In order for your request for financial assistance to be processed, please be sure the following items have been completed:
  - The Play School application has been submitted to the Director.
  - The full registration and deposit have been paid. If you are awarded a scholarship and/or financial assistance, both the registration and deposit are non refundable. Plus the deposit does not go toward the May tuition; your payments are the same for all nine months.
  - Answer the following questions, sign and date at the bottom.
  - Return to the Director by the end of August.
2. Submit this form by mailing to the address above, attention Kahleen Edeal.
3. A brief interview is required.

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		Per Month		For the Year
Total fees for your class: 9-noon TTh or MWF	=		x 9	
Mt.H.Employee discount 20 %	-		x 9	
Total	=		x 9	
Amount you can pay	-		x12	
Total = Financial Assistance requested	=			

*(For the following questions, please use the back of this paper if necessary.)*

Please state briefly the circumstances making assistance necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Please Print Your Name: Parent/Guardian    Signature of Parent/Guardian    Date    Phone

The Mount Hermon Play School admits students of any race, color origin giving each all the rights and privileges accorded and made available to all students. The Play School does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

OFFICE USE: Processed by: \_\_\_\_\_ Date \_\_\_\_\_