HIGHLAND PRESBYTERIAN CHURCH
NURSERY AND WEEKDAY SCHOOL
1011 Cherokee Rd. • Louisville, KY • 40204 • hpcweekdayschool.org • (502) 456-6991

FINANCIAL ASSISTANCE APPLICATION 2027-2028

Section 1: Student Information

Child's Full Name:	**Date of Birth:**
Class Applying For:	**Amount of financial aid requested:** ***(required field)***
Do you intend to use Early Play?	**How many days/week?**
Do you intend to use Extended Play?	**How many days/week?**

Section 2: Parent/Guardian Information

Parent/Guardian 1

Name:	**Relationship to Child:**
Address:	
Phone Number:	**Email:**
Employer:	**Occupation:**

Parent/Guardian 2

Name:	**Relationship to Child:**
Address *(if different)*:	
Phone Number:	**Email:**
Employer:	**Occupation:**

Section 3: Household Information

# of Adults in Household: _____ **# of Children in Household:** _____

Names and Ages of All Children in Household:

Name	Age	School/Program Attending

Section 4: Financial Information

Please provide the following annual income information:

Source of Income	Parent 1	Parent 2
Employment Income (before taxes)	$	$
Self-Employment Income	$	$
Child Support / Alimony Received	$	$
Social Security / Disability	$	$
Public Assistance (TANF, SNAP, etc.)	$	$
Other Income (specify): _____	$	$
Total Annual Income	$	$

Monthly Rent/Mortgage Payment:

_____

Monthly Utilities & Expenses:

_____

Please attach a printed copy of your last completed Federal Income Tax Form 1040 (*including ALL attached schedules*), to this application.

Have you/will you apply for government assistance funding through the Child Care Assistance Program (CCAP)? _____

Section 5: Special Circumstances

Please describe any special financial hardships or family circumstances which you believe would be helpful to the Financial Assistance Committee in evaluating your request for financial aid. Attach additional pages if necessary.

_____

_____

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Section 6: Certification & Signature

I understand that the school has limited funds to offer for financial assistance each year and therefore relies on the integrity of all applicants to ensure that our limited resources are given to the families most in need. I therefore certify that all statements and representations contained in the application and all supporting information provided with this application are correct and complete.

Parent/Guardian Signature:	**Parent/Guardian Signature:**
Date:	**Date:**

Please return both pages of this application and printed copies of all required forms *to the school office* no later than January 15, 2027.