



Do any children in your family participate in the free or reduced school lunch program?

Yes [ ] No [ ]

**Employment Income Status**

List all members of family over the age of 18 who receive income from employment (including self employment and farm income). Please list gross income (amount of pay before deductions). Note: Attach a photocopy of your last two paycheck stubs.

<u>Person Employed</u> (Relationship to Child)	<u>Name of Employer</u>	<u>Gross Pay Amount</u>			
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
_____			[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly

<u>Non-employment Income</u>	<u>Gross Pay Amount</u>			
Alimony	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Child Support	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Veteran's Pension	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Social Security Payment	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Public Assistance Income	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Pension/Retirement Benefits	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Unemployment Compensation	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Workman's Compensation	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly
Dividends & Interest	_____	[ ] Weekly	[ ] Bi-Weekly	[ ] Monthly

Income from Estates/Trusts \_\_\_\_\_ [ ] Weekly [ ] Bi-Weekly [ ] Monthly  
Net Rental & Royalty Income \_\_\_\_\_ [ ] Weekly [ ] Bi-Weekly [ ] Monthly  
Annuity/Insurance Income \_\_\_\_\_ [ ] Weekly [ ] Bi-Weekly [ ] Monthly  
Other Income Stipends or Support \_\_\_\_\_ [ ] Weekly [ ] Bi-Weekly [ ] Monthly

Please indicate any other information or special circumstances regarding your need for tuition reduction, e.g. health issues, parent attending school, more than one child attending preschool/daycare program, unemployment, etc.

---

---

---

I certify that all of the information in this form is correct to the best of my knowledge:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application may be submitted to Kids First Preschool Director, Discovery Day Director, or directly to First United Methodist Church, 946 Vermont Street, Lawrence, KS 66044. The Church Endowment, Memorials and Scholarship Committee is responsible for reviewing applications and awarding tuition assistance consistent with church policies, guidelines, and budgeting resources.