

**AMBROSE FAMILY CENTER PRESCHOOL**  
 Financial Assistance Application Form SY 2020-21

To apply for financial assistance for your child(ren), please answer all questions and provide additional information as requested. If you have questions or need assistance, please contact Angie Spatola at 963-6440.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

- Male     Female     Hispanic or Latino     Asian     Black or African American  
 Native American/Eskimo     Native Hawaiian or Other Islander     White  
 Multi-racial (two or more races)

Program you are applying for: (circle one)    Toddler    Preschool Full-Day    Preschool Half-Day

**Parent/Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address (including zip code) \_\_\_\_\_

Parent/Guardian's Place of Employment \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address (including zip code) \_\_\_\_\_

Parent/Guardian's Place of Employment \_\_\_\_\_

Child lives with: (circle one)    Both Parents    Father    Mother    Legal Guardian    Other \_\_\_\_\_  
Relationship

Who has legal custody of the child? \_\_\_\_\_ (Please attach supporting documents if there has been a legal custody decision.)

Please list the names of any other persons living in your household: \_\_\_\_\_ Total # living in household \_\_\_\_\_

\* If more space is needed, please use back of form.

Last	First	Middle
Date of Birth	Gender:    Male    Female	Relationship
Last	First	Middle
Date of Birth	Gender:    Male    Female	Relationship
Last	First	Middle
Date of Birth	Gender:    Male    Female	Relationship
Last	First	Middle
Date of Birth	Gender:    Male    Female	Relationship
Last	First	Middle
Date of Birth	Gender:    Male    Female	Relationship

Please list **all income** for **each person** in your home and how often received (weekly, monthly). Copies of your last pay stub and copies of your most recent W2 or Federal Income Tax forms must be sent with this application. Please include documentation of any additional income (i.e. statements from Missouri Department of Social Services listing Child Support Payments, TANF awards, etc.) ***Incomplete forms will not be considered.***

Income to report:

Earnings from work – wages, salaries, tips, strike benefits, unemployment compensation, workman’s compensation, net income from self-owned business. You must list gross income before deductions for taxes, social security, etc.

Welfare, child support, alimony – include any public assistance, welfare, alimony, child support payments

Pensions, Retirement, Social Security – pensions, retirement, social security, veteran payments, supplemental security income

Other income – earnings from a second job, disability benefits, interest, dividends, cash withdrawal from savings, estate income, trusts, investments, royalties, annuities, rental income, or any other monies that may be available or entitled to you.

Name (Last, First)	Earnings from work (before deductions) and frequency	Welfare, Child Support, Alimony and frequency	Pensions, Retirement, Social Security and frequency	Other income and frequency
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

Have you applied for the Head Start Program? (circle one) Yes No Date \_\_\_\_\_

Why was your family not eligible? (circle all that apply)

Child’s age Full-time work/school requirement Income level No openings

I certify that all of the information give on this application is true and correct and all income is reported.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please feel free to attach additional information that will explain your circumstances.

<i>For office use only</i>
Received: _____
Approved? _____
Staff: _____

*\*Please return application with requested documentation to Angie Spatola at 222 W. Cedar Avenue, Webster Groves, MO 63119 or via fax to 314-968-9259 or via email to [spatola.angie@wgmail.org](mailto:spatola.angie@wgmail.org)*