

**KEARSARGE AREA PRESCHOOL
FINANCIAL AID APPLICATION
2007-2008 School Year**

I, the undersigned parent/guardian, hereby request financial aid for my son/daughter (circle one) in the Kearsarge Area Preschool (KAP) for the 2007-2008 school year.

Name of Child: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Town, State & Zip: _____

Phone: _____ E-Mail: _____

Please include the following with your application:

- A copy of *each* wage earner's federal tax returns from the previous year.
- 2 (two) concurrent pay stubs for each wage earner.
- Self-employed applicants must provide a monthly statement of income and expense (in lieu of pay stubs).

It is KAP's policy to keep all financial information confidential.

Please list any other income or expenses (i.e., child support, alimony, welfare, etc.) that may factor in the application process:

Signature of Parent/Guardian

Date

KAP use only: Date received: _____