

WOODLAND PRESBYTERIAN CHURCH EARLY LEARNING CENTER
5824 Berkley Drive, New Orleans, LA 70131
(504) 394-7877 Ext.19

APPLICATION FOR FINANCIAL AID

Financial aid is available for families with gross annual incomes of \$35,000 or less

Child's full name: _____

Name by which child is called: _____ Date of Birth: _____ Sex: ____

Address: _____

Home/cell phones: _____

Father's name: _____

Employer: _____ Work phone: _____

Mother's name: _____

Employer: _____ Work phone: _____

Parents: ____ Married ____ Divorced ____ Widowed ____ Other

Other children in family (give names, ages, and schools): _____

Other members of household: _____

Reason for requesting aid: _____

Have you applied for, or are you receiving other aid? Please explain: _____

Amount of aid requested: _____

Check the program for which you are requesting aid: ____2-day ____3-day ____5-day

Attach a copy of the following documents: your monthly budget, showing details of revenues and expenses; your most recent Form 1040; your most recent paycheck stub(s).

Signature of mother: _____ Date: _____

Signature of Father: _____ Date: _____
