



WESTMINSTER

EARLY CHILDHOOD PROGRAMS

Dear Parents,

It is our philosophy at Westminster Early Childhood Programs that, whenever possible, no child is denied the right to come to school because of financial reasons. Tuition assistance is often available upon request to the Financial Assistance Committee. The committee meets in the spring and other times, if necessary, during the year. Need, family size and income determine Financial Assistance.

After completing the application in its entirety, please return the application and all supporting documents, (W2(s), 1040, and most recent pay stub(s), to the business office at WECP. We strongly encourage you to write an accompanying letter. It helps the committee understand your situation. The information is then transferred to a confidential spreadsheet and assigned a number. The spreadsheet is given to the Financial Assistance Committee for review; each case is evaluated anonymously, known only by number.

Financial Assistance is only considered for the current school year. Therefore, each family must re-apply each school year.

If you have any questions or concerns, please feel free to call me.

Sincerely,

Kathryn Wilde
Financial Director x305

NURTURING HEART, MIND, AND COMMUNITY

724 Delaware Avenue, Buffalo, New York 14209
716.884.9438 • wecpbuffalo.org



Parent Check Off List

- _____ Completed Form
- _____ Explanation Letter
- _____ Pay Stub
- _____ W2
- _____ Federal Tax Form

Fill in all parts of this application.
Incomplete forms will not be considered.

Financial Assistance Application

STUDENT INFORMATION

Name of Family: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Children for whom financial assistance is needed:

- | | | | | | |
|----|--------------|----------------|-----------------------------|---------------|-------|
| 1. | _____ | ____/____/____ | _____ All Day _____ Morning | _____ | _____ |
| | Child's Name | Birthdate | | Days Enrolled | Hours |
| 2. | _____ | ____/____/____ | _____ All Day _____ Morning | _____ | _____ |
| | Child's Name | Birthdate | | Days Enrolled | Hours |
| 3. | _____ | ____/____/____ | _____ All Day _____ Morning | _____ | _____ |
| | Child's Name | Birthdate | | Days Enrolled | Hours |

FAMILY INFORMATION

Parent's Name: _____ Occupation: _____

Parent's Name: _____ Occupation: _____

Guardian: _____ Occupation: _____

List all other family members in the household:

Name	Age	School (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: a copy of your most recent Federal Income Tax Form, copies of your W2 Forms, and a copy of your most recent pay stub MUST accompany this application.

FINANCIAL INFORMATION

Yearly Gross Income

(from salary, wages, interest, dividends, rental income, etc.)

Days/Hours

(work or school, per week 7:30-5:30)

Parent 1: _____

Parent 2: _____

Other: _____

Is Applicant(s) married, divorced, widowed, single, etc.? _____

Are you currently receiving childcare assistance from NYSDSS (OCFS)? ___ Yes ___ No

Do you plan to receive childcare assistance from NYSDSS (OCFS) during this school year? ___ Yes ___ No

Monthly Expenses: Housing _____ Utilities _____ Student Loans _____

Medical Expenses: _____ Child or other support (outside home): _____

Tuition or daycare expenses not attending WECP: _____

Other extra ordinary expenses (tax debts, bankruptcy, judgements) _____

Please list any stocks, bonds, savings, cash or investment accounts in excess of \$5,000 owned by applicants: _____

Amount of financial assistance requested: \$ _____ monthly WECP tuition (total for all applicants)

\$ _____ assistance needed per month

\$ _____ total anticipated family cost

Will financial assistance be needed for the entire school year? ___ Yes ___ No

Describe any increase or decrease in any of the above categories anticipated to occur within the upcoming school year: _____

If there is a change in your circumstances/needs/tuition there may be a change in financial assistance.

Please attach a letter explaining any other financial considerations demonstrating need for assistance (medical expenses, nursing care for dependents, etc.)

I certify that all of the information furnished in this application is true and correct to the best of my knowledge.

Signature of Parent or Guardian

Date