



Wee Care Christian Preschool

a ministry of UBC

333 West Maple Street, Fayetteville, AR 72701
www.weecareubc.org

Scholarship Application

UBC wants every child to have the opportunity to experience quality early childhood education in a positive nurturing environment. We understand there are times when families experience financial difficulty and are unable to afford the set tuition rates of our program. If you would like to apply for a partial scholarship, please fill out the information below and return to the Wee Care office by **May 5, 2022**. You will be notified by July 1, 2022 of your scholarship status.

Scholarships are based on need and availability per year and do not carry over into the following school year. Scholarships are for tuition only and only partial scholarships will be allocated depending on the funds raised through our need-based scholarship fund. Families are responsible for the \$75 registration and \$75 supply fee. If multiple children requesting a scholarship, please list all on one application.

Child's name: _____ Age: _____ Birth Date: _____

Parent's Name: _____ Phone: _____

Address: _____ Email: _____

Are you currently a member of a church body? _____ If so where: _____

Household income: You will need to list **ALL** sources of income received by each family member that resides in the home in order to be considered for a need-based scholarship. All household members are to report income received. This includes but not limited to: children, grandparents, parents, guardians. Please indicate on the chart if your income is monthly or yearly. List below your **GROSS INCOME** (before taxes) amount.

Name of house hold members (ex: father mother etc...)	Job 1/yearly	Job2/yearly	Monthly Welfare Payments, Child Support, Alimony, Housing allowance	Monthly Pension, Retirement payments, SS Income	Grant, Scholarship Stipend, Loans or Refund checks	Any other Monthly or yearly Income
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Your total **yearly** income: _____

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How many family members reside in your home? (Include parents, siblings, grandparents, and friends. Income must be reported for every family member residing in the home.)

State your reason for needing a scholarship to attend Wee Care Christian Preschool. Any and all detailed information is helpful when considering a need-based scholarship.

I would like to request a partial scholarship for the following:

Two Day

8:15-12:00

8:15-2:00

Four Day

8:15-12:00

8:15-2:00

By signing you are stating that all the information is true and accurate.

Parent Signature: _____ Date: _____

For Office Use:

Days Requesting: _____	Points: _____
Child: _____	Parent: _____
Scholarship amount: _____	Date approved: _____
Parent notified: _____	Parent accepted: _____
Class / Teacher: _____	