

## **Financial Assistance Application Form**

2025-2026 School Year

The purpose of this form is to collect information to determine if you are eligible to receive financial aid from Christ & Holy Trinity Preschool. To apply for assistance, please complete this application, provide all required verification and submit it to the Preschool office. Financial aid may be awarded in the form of a tuition grant, payment plan or both. If you have questions or need assistance with the financial aid application process, please feel free to contact Dianna Walsh at 203-226-4616 or <a href="mailto:director@chtwestport.org">director@chtwestport.org</a>. All information provided to the Preschool will remain confidential. Financial aid information is reviewed by the following members of the Preschool Governance Committee: Preschool Director, Preschool Treasurer and Rector of Christ & Holy Trinity Church.

Please list all students of the family who will be attending the Preschool during the 2025-26 school year.

Please return this completed application to: Christ & Holy Trinity Preschool

Attn: Preschool Director

45 Church Lane Westport, CT 06880

## **Section I: Student Information**

Student Name:	Class:	Annual Tuition:	
Student Name:	Class:	Annual Tuition:	
Section II: Parent Information			
Parent #1:			
First Name:	Middle Initial: Last I	Name:	
Address:			
Email Address:	Phone Number (mobile):		
Marital Status:			
Parent #2:			
First Name:	Middle Initial: Last I	Name:	
Address:			
Email Address	Dhona Number (mahila)		



Marit	al Status:		
If the	re is a custody or child support arrangement in effe	ct, please describe relevant details relating to	
tuitio	n payment obligations:		
Section	on III: Income Information		
	rify your annual household income, please attach a n (Forms W-2, 1099 and/or 1040).	copy of your most recently filed Federal Tax	
Do yo	ou receive housing assistance? Yes No		
Do yo	ou receive child care assistance from another source	e? Yes No	
If yes,	, from whom and how much annual assistance is pr	ovided?	
	I am requesting financial aid in the form of a tui	tion reduction.	
	Please specify the amount of tuition assistance y	ou are requesting:	
AND/	OR		
	I am requesting financial aid in the form of an alternate payment plan.		
	Please specify the payment plan that you are rec	uesting (e.g, 10 payments, 12 payments):	
We w	nal Statement elcome and encourage you to provide a personal st family's financial situation that might not be reflect e included in a separate cover note to this applicati	ed in your most recent tax filing. This information	
	cants please read and sign: I certify that all the information knowledge.	ormation provided is true and correct to the best	
Paren	t Signature:	Date	
Paren	t Signature:	Date	