



Agape
Christian Preschool

**Tuition Assistance Form
2026 - 2027 School Year**

As an outreach ministry of Evangelical Lutheran Church of Mt. Horeb, it is Agape Christian Preschool's intention to make it possible for area children to attend our preschool program. Since the amount of financial assistance is limited, ACP bases its judgment on the relative need expressed in each application. The number of applicants each year also affects the number and amount of financial assistance awarded. **To qualify for financial assistance, a child's parent(s)/guardian(s) must return the completed financial aid form and pages one and two of their most recent 1040 tax form. Incomplete applications will not be considered.**

Please print with black or blue ink and all complete all information. Incomplete forms will be returned.

1) STUDENT/FAMILY INFORMATION

Student Name: Last _____ First _____ M.I. _____

Address: Street _____

State _____ Zip Code _____

FATHER/STEPFATHER/GUARDIAN

MOTHER/STEPMOTHER/GUARDIAN

Name _____

Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Marital Status: (circle one)
Married Single Divorced Widowed

Marital Status: (circle one)
Married Single Divorced Widowed

2) DEPENDENTS (List all dependents, including this student)

complete the other side

3) INCOME INFORMATION

A. Parent/Guardian/Student (Combined)

Actual 2022 Information

Adjusted Gross Income from IRS Form 1040, 1040A or 1040EZ. This is the last line of page one of the IRS form. Please attach a copy of pages one and two of your 2025 tax form.

\$ _____

Alimony and/or Child Support Received

\$ _____

Untaxed Income and Benefits (Including Social Security, AFCD, Untaxed Unemployment Compensation and/or VA Benefits)

\$ _____

Tuition Assistance from other source (Friend, Relative, etc.)

\$ _____

4) Tuition Assistance REQUEST (Must be Completed)

Amount requested for the 2026-2027 school year*

\$ _____

*Maximum annual tuition reduction shall be 50% of annual tuition. Additional funding, if available, may be awarded at the discretion of ACP. Assistance is awarded on the basis of financial need. If you wish to make ACP aware of any special circumstances, please feel free to submit any additional information on a separate sheet of paper. ACP does not discriminate based on race, creed, color, or sex.

Important: All requested information must be submitted.

Submission of a completed form and your 2025 income tax documentation is required for scholarship consideration.

Signature of Father/Stepfather/Guardian

Signature of Mother/Stepmother/Guardian

For office use only:

Date Received _____ Reviewed By _____

Amount Awarded for 2026 - 2027 School Year _____

Amount of Tuition Family Pays for 2026 - 2027 School Year _____