

Office Use Only: 2023-2024	Child's Name _____	Class Enrolled In _____
	Date Completed Application Received _____	Family's Scholarship Tuition _____
	Date Contract Mailed Home _____	Date Contract Received Signed _____

# WEPC Community Preschool Scholarship Application 2023-2024

**\*\*Due As Soon As Possible\*\***

Scholarships are given on a first come, first served basis.

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**Before turning in this application, please check that each of the following has been completed and attached:**

\_\_\_\_\_ Scholarship Application

\_\_\_\_\_ 2023-2024 Enrollment Packet

\_\_\_\_\_ \$25 Enrollment Fee

\_\_\_\_\_ 2022 Federal Tax Form (1040)

\_\_\_\_\_ At Least 4 Pay Stubs from 2023 - *Only if family income has changed since 2022 OR if you did not live in the US during 2022*

# WEPC Community Preschool

## ~ Scholarship Application ~

9008 Quioccasin Road • Richmond, VA 23229 • Website: [wepc.org/preschool](http://wepc.org/preschool)  
Director: Casey Zollinhofer • Email: [casey@wepc.org](mailto:casey@wepc.org) • (804) 741-6562 ext.12

### Scholarship Application Process:

1. Turn in the following:
  - a. Scholarship Application
  - b. Enrollment Packet
  - c. \$25 Enrollment Fee
  - d. 2022 federal tax form (1040)
  - e. At least 4 paystubs from 2023 (If your family income has significantly changed since 2022 or if you did not live in the US during 2022)
2. Your application will be reviewed once **ALL** items above are turned in. You must fill out each question and each section of this application. If anything is incomplete, your application will be returned and a decision will be delayed.
3. Once a scholarship decision has been made, a letter and contract will be mailed home. The contract must be signed by a parent/guardian and returned to the preschool office by the date indicated on the letter.

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### Family Information

**Child's Name:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

**Parent/Guardian's Name:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

**Parent/Guardian's Email Address:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Please explain why a scholarship is necessary for your child to attend WEPC Community Preschool:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list the names and ages of all family members living in your household:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family Income Information

Please give the following information about all sources of income for each adult living in your home.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Annual Gross Income: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Annual Gross Income: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Annual Gross Income: \_\_\_\_\_

Does anyone in your household receive the following monthly income? If yes, how much each month?

Social Security benefits	_____
Unemployment compensation	_____
Disability	_____
Child support	_____
Food stamps	_____
WIC	_____
FAMIS	_____
Other (alimony, pension, etc.)	_____

Are there any other monetary compensations provided to your family by your employer, family members, etc. that affect your income and your ability to pay tuition (i.e. housing allowance, free rent, etc.). \_\_\_\_\_

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### Important - Please Read & Sign

I verify that the information on this form is truthful.

I will notify the director of any changes that occur in my financial situation during the upcoming academic year (such as a raise or a new source of income) so that my scholarship may be adjusted accordingly.

I understand that I am responsible for following all payment policies and preschool requirements.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date