

Office Use Only:
2025-2026

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 2025-2026

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

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

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

_____ Scholarship Application

_____ 2025-2026 Enrollment Packet

_____ \$25 Enrollment Fee

_____ 2024 Federal Tax Form (1040)

_____ Optional - 4 Pay Stubs from 2025 - *Only if family income has
changed since 2024 OR if you did not live in the US during 2024*

WEPC Community Preschool

~ Scholarship Application ~

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

Scholarship Application Process:

1. Turn in ALL of the following:
 - a. Scholarship Application
 - b. Enrollment Packet
 - c. \$25 Enrollment Fee
 - d. 2024 federal tax form (1040)
 - e. Optional - 4 paystubs from 2025 (Only if your family income has significantly changed since 2024 or if you did not live in the US during 2024)
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.

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.). _____

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