



- 330 East 45th Street, New York, NY 10017
- 345 East 86th Street; New York, NY 10128
- 120 West 76th Street; New York, NY 10023

Telephone (212) 371-8604 • Fax (212) 750-1768
www.ipsnyc.org

Dear Financial Aid Applicant,

A limited amount of financial aid is available to those families who could not otherwise enroll their children in our programs.

Families are required to apply for Financial Aid annually by completing the Application for Financial Aid and submitting it along with:

- 2017 Tax Return
- 2018 W2
- Employees of the United Nations, Secretariat, Embassies, Missions or Consulates should provide a letter of employment indicating their yearly salary.

Please submit documentation to:

The International Preschools
Attention: Financial Aid Committee
330 East 45th St.
New York, NY 10017-3401

If you have any questions please contact Martha Smeaton, East 86th Street Admissions Director at msmeaton@ipsnyc.org or 212-371-8604 x 1112 or Charlene Sison, Business Manager/Student Accounts at csison@ipsnyc.org or 212-371-8604 x1108.

Please note:

For RETURNING STUDENTS, all forms need to be submitted on or before **January 31, 2019**.

For NEW STUDENTS, all forms need to be submitted on or before **February 16, 2019**.



- 330 East 45th Street, New York, NY 10017
- 345 East 86th Street; New York, NY 10128
- 120 West 76th Street; New York, NY 10023

Telephone (212) 371-8604 • Fax (212) 750-1768
www.ipsnyc.org

Application for Financial Aid
 For the 2019-2020 Academic Year

Please attached the following forms:

- 2017 File Tax Forms
- 2018 W2
- For families employed by the United Nations. Secretariat, Embassies, Mission or Consulates should provide a letter of employment indicating their yearly salary.

When completed, please return with the forms listed above to:

THE INTERNATIONAL PRESCHOOLS
 Financial Aid Committee
 330 East 45th Street
 New York, NY 10017-3401 USA
 or email to: csison@ipsnyc.org

Due Date for New Families: February 16, 2019

Due Date for Returning Families: January 31, 2019

This information is confidential and used solely for the purpose of determining the need for financial aid.

Child's Last Name: _____ First Name: _____ Middle: _____ Name Suffix: _____

Home address: _____ Apt.: _____ City: _____ State: _____ Zip code _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Date of Birth: _____ / _____ / _____ Child's Nationality/Country: _____
MONTH DAY YEAR

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Nationality: _____ Nationality: _____

Business/Profession: _____ Business/Profession: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Business Telephone: (_____) _____ Business Telephone: (_____) _____

Gross Monthly Income: _____ Gross Monthly Income: _____

Please indicate your first choice of location with a "1" and other possibilities in order of preference:

Preferred Location: East 45th _____ East 86th _____ West 76th _____

Please indicate the programs you have applied to:

Full Day (9:00 AM – 3:00 PM) _____

Half Day (9:00 AM – 12:00 PM) _____

Crèche Program _____

Expenses per Month:

GOVERNMENT FINANCIAL AID PER MONTH (If Applicable): (Please Specify Amounts)

Rent: _____ Utilities: _____ Telephone: _____

Insurance: _____ Car (State Year, Make and Model): _____

Education: _____ Domestic Help: _____ Transportation: _____

FAMILY EXPENSES PER MONTH IF NOT SUBSIDIZED: (Please Specify Amounts)

Rent: _____ Utilities: _____ Telephone: _____

Insurance: _____ Car (State Year, Make and Model): _____

Education: _____ Domestic Help: _____ Transportation: _____

Please list your financial assets:

Real Estate: _____

Checking/Savings Accounts and/or Trust Funds: (Please state names of banks and current balances):

Investments: _____

Are parents separated/divorced?: Yes No

If a single parent, please state type and amount of support received from other family members or individuals: _____

List other children in the family:

Name: _____ Age: _____ School Presently Attending: _____

Name: _____ Age: _____ School Presently Attending: _____

Name: _____ Age: _____ School Presently Attending: _____

Name: _____ Age: _____ School Presently Attending: _____

Are you receiving financial aid for above-mentioned children?: Yes No

If so, please specify amounts received for each child: _____

List other individuals to whom you contribute support:

Name: _____ Relationship: _____ Annual Amount: _____

Name: _____ Relationship: _____ Annual Amount: _____

Name: _____ Relationship: _____ Annual Amount: _____

Please list reason(s) why financial assistance is necessary: _____

How much tuition do you feel you can pay? _____

I certify that the information supplied in this application is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____