Financial Aid Application

Thank you for considering Mass Audubon Preschool. If you would like to apply for financial aid, please fill out the following form and send or drop off to **Ipswich River Nature Preschool 346 Grapevine Rd, Wenham, MA 01984**. For security reasons, we cannot accept financial aid documents over e-mail. Financial aid forms for the 2025-2026 school year are due February 2, 2025.

Preschooler Name _____ Birth Date _____

Parent/Guardian's Name(s) _____

Relationship to Preschooler _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Day Phone _____

Email Address _____

Mass Audubon Preschool: _____

Family/Guardian Income

What was your family's gross income for the most complete calendar year? $ _____
- Include any income from wages, salary, tips, interest & dividends, unemployment compensation, social security benefits, etc.

Family/Guardian Contribution

To support as many students as possible, we ask families/guardians to contribute a portion of the tuition fee.

We can contribute $_____ per student, per month.

Additional Information Regarding Financial Need

Are there special circumstances you would like us to consider? You may include information regarding medical expenses, school expenses, childcare expenses eldercare expenses, unemployment, etc. Attach additional pages if necessary.

Income Verification

Financial aid will be applied to your transaction once income verification is provided.

We ask that you include a copy of the **first page** of your most recent federal income tax return to this document and mail or deliver it to the sanctuary. If a tax return is not available, you may include copies of W-2 forms, end-of-year pay stubs, or letters detailing Social Security benefits, unemployment compensation, child support, or other income.

Signature Required

I certify that, to the best of my knowledge, the information I have provided on this application is truthful, accurate, and complete.

Signature _____ Date _____

Office Use Only

Date Received	Amount Awarded	Date of
_____	$_____	Notification_____
Date of Acceptance	Family Contribution	Final Payment
_____	$_____	Received_____