



# Preschool Grant Application

Submit to: GTACS Business Office  
123 E. 11<sup>th</sup> St  
Traverse City, MI 49684

Or can drop off at Immaculate Conception office in  
a sealed envelope marked Attn: Business Office

The GTACS Preschool Grant program has been established to assist parents who are unable to meet the full preschool tuition obligation or when unexpected need arises. It is the school's policy that the family pays a part of the tuition with the remainder covered through scholarship monies.

For the 2022-23 school year, this application is due by April 15, 2022. Notification of award will be sent out in early June. Applicants who are approved for a grant will receive a payment agreement outlining expectations for payment, at which time they may accept or reject the offer. Families who experience a job loss or other financial difficulty during the school year may apply at any time.

|              |              |                |                                                                                                    |
|--------------|--------------|----------------|----------------------------------------------------------------------------------------------------|
| _____        | _____        | ____/____/____ | _____                                                                                              |
| Today's Date | Child's Name | Date of Birth  | <b>Class/No. of Days Attending (Required)</b><br><b>Session (circle one): Half-day or Full-Day</b> |

Child's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\$ \_\_\_\_\_  
Monthly Tuition Due

\$ \_\_\_\_\_  
**Monthly Amount You Can Pay (Required)**

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Household Information – please provide name and age of all adults and children in the home:

|       |       |
|-------|-------|
| Name: | Age:  |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### Monthly Income Information:

|                         |                                  |
|-------------------------|----------------------------------|
| Wages/Salaries \$ _____ | Pension/Social Security \$ _____ |
| Unemployment \$ _____   | Other _____ \$ _____             |
| Child Support \$ _____  | Other _____ \$ _____             |

Please submit a copy of your prior year tax return and W-2 forms with this application. If you have submitted this information with your FACTS grant/scholarship application for your older children check here \_\_\_\_ (you do not need to include those form copies with this application if already submitted to FACTS).