



Please provide the following information to see if your family is eligible to apply for our preschool Tuition Assistance Program. All information will be kept confidential and only used by the SELF committee:

Name of preschool aged child(ren) aged birth through 4 years (or until VPK qualification age, if applicable) for whom you are seeking tuition assistance:

Child 1 name: _____ Date of birth: _____
Child 2 name: _____ Date of birth: _____

Name of current preschool center if already enrolled: _____

If not already enrolled, name & location of preschool center you plan to enroll your child(ren) in: _____

What county do you live in? _____

Family's total gross yearly income: \$ _____

Total number of family members in the household: Adults (18+) _____ Children (0-17) _____

Number of working adults in the household: _____

Name of person completing this form: _____

Relationship to child(ren) _____

Best phone number: _____

Email address (please write legibly so we can contact you): _____

Please email this form with all above information completed to margarita@santorofoundation.org

This section is to be completed by SELF:

Applicant is _____ Eligible _____ Ineligible to apply for the Hand-Up Tuition Assistance Program.

Applicant notified on: _____

Notes: _____ www.selfnow.org