

Lincoln Nursery School

APPLICATION FOR FINANCIAL AID



Child's Name _____ D.O.B. _____ M F

Home Address _____ Home Phone _____

Sibling(s) Name(s) and Birthdate(s) _____

Parent's Name _____ Parent's Name _____

Employer _____ Employer _____

Expected annual salary _____ Expected annual salary _____

Full-time Part-time Full-time Part-time

Estimated amount and sources of other income:

Amount of financial aid request: _____

Other information you would like the school to consider:

Parent's Signature _____ Date _____

Lincoln Nursery School accepts children of any race, color or ethnic origin. It does not discriminate on the basis of race, color or national/ethnic origin in decisions concerning financial aid.

Please attach a complete and signed copy of your last year's tax return (including schedules) and an up-to-date net worth statement. Return this form to Lincoln Nursery School, Attention: Enrollment Chair, Box 6075, Lincoln, MA 01773. *Thank you.*