



Application for Financial Aid

- 1) Financial aid is only to be applied against tuition fees and will be deducted from tuition payments. The application fee and registration fee obligations remain with the family.
- 2) The application deadline is July 15th with notification within a week of the August board meeting for the fall semester. The Treasurer will begin accepting applications from the 1st of May for the following year. The winter semester deadline is Jan. 1st, with approval by Feb. 1.
- 3) The Executive Board makes all financial aid decisions. The FUMCN Executive Board is made up of the FUMCN president, vice-president, Treasurer, Membership Chair(s), FUMC liaison, FUMCN teacher.
- 4) All information provided by applicants will remain confidential. The Executive Board will consider all applications “blindly” and only the FUMCN president and Treasurer will know who is receiving or applied for financial aid.
- 5) Please return this application to the Treasurer. If you have further questions, please contact any member of the Executive Board. Applications may be made at anytime if financial situation changes.
- 6) Financial aid ranges from partial to full tuition. The amount of financial aid is determined by the income to household table on page 3, the number of applications received for any given semester and the availability of funds.
- 7) Applications are for one semester. Families must reapply each semester if they wish to be considered for aid.

While we cannot guarantee every applicant Financial Aid, please be assured that your request will be treated with the utmost concern and remain confidential.

FUMCN Executive Board
First United Methodist Co-operative Nursery School



First United Methodist Cooperative Nursery

120 South State Street Ann Arbor, Michigan 48104 (734) 662-7660

Financial Aid Application Form (part 1)

Name of Child: _____

Class: _____

Name of Child: _____

Class: _____

Semester: _____

Amount of financial aid requested: _____

Applicant's Name: _____

Relationship to child: _____

The information I have provided on part 1 & 2 of this application is accurate to the best of my knowledge.

_____ (sign)

date: _____

This page will be detached from Part 2 for consideration by the FUMCN Executive Board.

(For Treasurer's use only)

Reference: _____

Date Reviewed: _____

Aid Amount: _____

Date Notified: _____



First United Methodist Cooperative Nursery

120 South State Street Ann Arbor, Michigan 48104 (734) 662-7660

Financial Aid Application Form (part 2)

Reference: _____ (for Treasurer's use only)

Please look at the table below and fill in your income category here: _____

Household Size	Household Income not exceeding				
	2	\$28,620	\$31,005	\$38,160	\$47,700
3	\$32,190	\$34,873	\$42,920	\$53,650	
4	\$35,760	\$38,740	\$47,680	\$59,600	
5	\$38,610	\$41,827	\$51,480	\$64,350	
6	\$41,490	\$44,947	\$55,320	\$69,150	
7	\$44,340	\$48,035	\$59,120	\$73,900	
8	\$47,190	\$51,122	\$62,920	\$78,650	
Level	A	B	C	D	E

Table from 3/8/06 Income Limits as published by HUD for Ann Arbor

Please give details about your financial needs regarding unusual large expenses or other circumstances relevant to your application. *This information may be the determining factor in similar applications.*

Unusual large expenses (e.g. medical) your family has:

Detail of any other circumstances you feel are relevant to your application:

Note: Information given here is treated on an 'honor' basis, but FUMCN reserves the right to ask for documentary proof of information supplied here before allocating financial aid.