



## Financial Aid Application

 **School Year:** August 2025 - May 2026

 **Application Deadline:** June 1, 2025

At **Early Achievers Preschool Hawaii**, we are committed to making quality early childhood education accessible to all families. Financial aid is awarded based on demonstrated need and available funds. Please complete this application fully and submit the required documents to be considered.

## Parent/Guardian Information

### Primary Parent/Guardian:

- Full Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Phone Number: (\_\_\_\_) - \_\_\_\_\_
- Email: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Monthly Income (Before Taxes): \$ \_\_\_\_\_

### Secondary Parent/Guardian (if applicable):

- Full Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Monthly Income (Before Taxes): \$ \_\_\_\_\_

## Child's Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Program Applying For:  Full-Time  Part-Time
- Expected Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Household Information

- Total Number of People in Household: \_\_\_\_\_
- Number of Dependents (under 18 years old): \_\_\_\_\_
- Do you currently receive any government assistance? (Check all that apply)  
 SNAP (Food Stamps)  WIC  Medicaid  Housing Assistance  Other: \_\_\_\_\_

## Financial Aid Request

- What percentage of tuition assistance are you requesting? \_\_\_\_\_%
- Have you applied for financial aid at [Your Preschool Name] before?  Yes  No
- Please explain any special financial circumstances that impact your ability to pay tuition:

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## Required Documents *(Please attach copies of the following)*

- ✓ Most recent tax return (Form 1040 or equivalent)
- ✓ Last two pay stubs for all working household members
- ✓ Proof of subsidy assistance awarded (if applicable)
- ✓ Any other supporting documents to demonstrate financial need

## Agreement & Signature

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false information may result in the denial or revocation of financial aid.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Secondary Parent/Guardian Signature (if applicable): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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 **Submit completed applications to:**

**By mail: 4211 Waiālae Ave, #30, Honolulu, HI, 96816**

**By email: [info@earlyachievershawaii.com](mailto:info@earlyachievershawaii.com)**

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This form ensures that families all necessary details to assess their eligibility for financial aid.