



The Wetherill School
Wonder. Discover. Grow.

1321 Beaumont Drive
Gladwyne, PA 19035
610-649-2299

2021-22 Financial Aid Application

The Wetherill School is able to offer need-based assistance to a limited number of eligible families in the form of partial tuition scholarships, depending on the amount of funds available in a school year.

Eligibility for Scholarship Funds: An eligible student is a resident of Pennsylvania, who is three to six years of age and is enrolled in a Pre-Kindergarten Program located in this commonwealth and who is a member of a household with an annual household income of not more than \$92,160 except that an additional income allowance of \$16,222 is permitted for the student, including an eligible student with a disability, and for each other dependent as defined by the IRS living within the same household. To be considered an eligible student with a disability a student must meet the following criteria: (1) is either enrolled in a special education pre-kindergarten program or has otherwise been identified as a “child with a disability” as defined in 34 CFR §300.8; (2) needs special education and related services; (3) is enrolled in a pre-kindergarten program and (4) is a member of a household that does not exceed the maximum annual household income. With respect to an eligible student with a disability, multiply the sum of \$92,160 plus the allowance(s) of \$16,222 per student and dependent, by the support level factor of 1.50 if the student is not enrolled in a special education pre-kindergarten program or by the support level factor of 2.993 if the student is enrolled as a student in a special education pre-kindergarten program. A household includes an individual living alone or an individual living with the following: a. a spouse, parent and their unemancipated minor children; b. other unemancipated minor children who are related by blood or marriage; or c. other adults or unemancipated minor children living in the household who are dependent upon the individual.

In calculating household income for the purpose of determining student eligibility, all moneys and property received of whatever nature and from whatever source are to be included, except for the following: a. Periodic payments for sickness and disability other than regular wages received during a period of sickness or disability. b. Disability, retirement or other payments arising under workers' compensation acts, occupational disease acts and similar legislation by any government. c. Payments commonly recognized as old age or retirement benefits paid to persons retired from service after reaching a specific age or after a stated period of employment. d. Payments commonly known as public assistance or unemployment compensation payments by a governmental agency. e. Payments to reimburse actual expenses. f. Payments made by employers or labor unions for programs covering hospitalization, sickness, disability or death, supplemental unemployment benefits, strike benefits, social security and retirement. g. Compensation received by United States servicemen serving in a combat zone.

In order to assist in distributing the available funds fairly, please complete this form as accurately as possible. Please inform the Head of School if your financial aid situation improves.

FAMILY INFORMATION

Child Name _____ Gender _____

Date of Birth _____ Class _____ School Term _____

Child Name _____ Gender _____

Date of Birth _____ Class _____ School Term _____

Address _____

Telephone _____ email _____

Parent/Guardian Name(s) _____

The child(ren) reside with mother _____ father _____ both _____

Other _____

Number of family members in household: children _____ adults _____

EMPLOYMENT INFORMATION

Mother's Occupation _____

Employer _____ Work Phone _____

Monthly Gross Pay _____ Monthly Net Pay _____

Father's Occupation _____

Employer _____ Work Phone _____

Monthly Gross Pay _____ Monthly Net Pay _____

INCOME & EXPENSES

Total Earned Family Income per month _____

Current Value of:

Savings Account _____

Checking Account _____

Stocks & Bonds _____

Real Estate _____

Other Income _____

(trusts, gifts, dividends, alimony, child support, stipends, graduate student assistance, etc.)

Expenses (per month)

Rent or mortgage _____

Utilities _____

Transportation (car payments) _____

Food _____

Medical _____

Please explain any additional sources of financial support including scholarships, faculty discounts, assistance from other family members, part-time jobs, assistance from church, food stamps, subsidized housing, etc.

Source

Monthly Amount

Please explain any financial burdens including medical bills, tuition, household bills, student loans, care of elderly family members, etc.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Please include a copy of your W-2 form(s) and a copy of the signed page of last year's IRS 1040 form with your application and submit application to The Wetherill School, 1321 Beaumont Drive, Gladwyne PA 19035 **by April 30th** in order to be considered for the upcoming school year. Please provide a letter detailing any additional information you would like considered.

Note: All personal identifying information is redacted before the application is reviewed for consideration by a committee of The Wetherill School Board of Directors.

Admissions, the provisions of services and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, sex or sexual preference. Program Services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modification shall be considered only as a last resort among available methods.