

Drumlin Farm Wildlife Sanctuary Drumlin Farm Community Preschool 208 South Great Road

Lincoln, MA 01773

Tel: (781) 259-2224 Fax: (781) 259-2441

Mass Audubon's Drumlin Farm Community Preschool FINANCIAL ASSISTANCE APPLICATION- CONFIDENTIAL

Financial assistance is awarded based on consideration of stated need, available funds, and number of olicants We also consider family size, income and other circumstances when the Financial

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recent federal income tax return. Please do not tax return is not available, you may include copie ling Social Security benefits, unemployment or current income is not reflected on your me has changed. You MUST remove all Social
ther protected information before sending you
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(You must include a dollar amount for your family contribution. To provide assistance to as many students as possible, we ask families to contribute as large a portion as they can reasonably afford).
My family requests a financial aid award of \$

5. Additional Information Regarding Financial Need

Please help us understand your family's financial situation. Are there special circumstances you would like us to consider? You may include information regarding medical expenses, school or college expenses, childcare expenses (including other preschool programs), eldercare expenses, child support expenses, emergency expense, unemployment, etc. Attach additional pages if necessary.

6. Anticipated Benefit of Attending a Mass Audubon Nature-Based Preschool

Please share with us how you hope your child will benefit from attending a Mass Audubon preschool. If your child has attended a Mass Audubon preschool in the past, please tell us how this has positively influenced your child. Attach additional pages if necessary.

provided on this application is truthful, accurate and complete. I understand that if the information I have provided is found to be untrue, my financial aid award may be revoked. Signature:		Amount Awarded	Date of Notification
provided on this application is truthful, accurate and complete. I understand that if the information I have provided is found to be untrue, my financial aid award may be revoked.	Office use only:		
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Signature Required : I certify that, to the best of my knowledge, the information I have	Signature:		Date: