



345 East 86th Street; New York, NY 10028
T: (212) 371-8604 • F: (212) 988-2139
www.ipsnyc.org

Fall 2023

Dear Financial Aid Applicant,

A limited amount of financial aid is available to those families who could not otherwise enroll their children in our programs.

Families are required to apply for Financial Aid annually by completing the Application for Financial Aid and submitting it along with:

- 2022 Tax Return
- 2023 W2
- Employees of the United Nations, Secretariat, Embassies, Missions or Consulates should provide a letter of employment indicating their yearly salary.

Please submit documentation to:

The International Preschools
Attention: Financial Aid Committee
345 East 86th Street
New York, NY 10028

If you have any questions, please contact Martha Smeaton, Director of Admissions, at msmeaton@ipsnyc.org or 212-371-8604 x1112, or Charlene Sison, Student Accounts/Billing, at csison@ipsnyc.org or 212-371-8604 x1108.

Please note:

For RETURNING STUDENTS, all forms need to be submitted on or before **January 31, 2024**. For NEW STUDENTS, all forms need to be submitted on or before **February 16, 2024**.

Application for Financial Aid
For the 2024-2025 Academic Year

Please attach the following forms:

- **2022 File Tax Forms**
- **2023 W2**
- **For families employed by the United Nations, Secretariat, Embassies, Mission or Consulates should provide a letter of employment indicating their yearly salary.**

When completed, please return with the forms listed above to or email them to:

THE INTERNATIONAL PRESCHOOLS
Financial Aid Committee
345 East 86th Street
New York, NY 10028 USA
or email to: csison@ipsnyc.org

Due Date for New Families: February 16, 2024

Due Date for Returning Families: January 31, 2024

This information is confidential and used solely for the purpose of determining the need for financial aid.

Child's Last Name: _____ First Name: _____ Middle: _____ Name Suffix: _____
Home address: _____ Apt.: _____ City: _____ State: ____ Zip code: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Date of Birth: ____ / ____ / ____ Child's Nationality/Country: _____
MONTH DAY YEAR

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Nationality: _____	Nationality: _____
Business/Profession: _____	Business/Profession: _____
Employer: _____	Employer: _____
Business Address: _____	Business Address: _____
_____	_____
Business Telephone: (_____) _____	Business Telephone: (_____) _____
Gross Monthly Income: _____	Gross Monthly Income: _____

Please indicate the programs you have applied to:

Half Day (9:00 AM – 12:00 PM) _____
Full Day (9:00 AM – 3:00 PM) _____
Extended Day (8:00 AM – 6:00 PM) _____

Expenses per Month:

GOVERNMENT FINANCIAL AID PER MONTH (If Applicable): (Please Specify Amounts)

Rent: _____ Utilities: _____ Telephone: _____
Insurance: _____ Car (State Year, Make and Model): _____
Education: _____ Domestic Help: _____ Transportation: _____

FAMILY EXPENSES PER MONTH IF NOT SUBSIDIZED: (Please Specify Amounts)

Rent: _____ Utilities: _____ Telephone: _____
Insurance: _____ Car (State Year, Make and Model): _____
Education: _____ Domestic Help: _____ Transportation: _____

Please list your financial assets:

Real Estate: _____

Checking/Savings Accounts and/or Trust Funds: (Please state names of banks and current balances)

Investments: _____

Are parents separated/divorced?: Yes No

If a single parent, please state type and amount of support received from other family members or individuals: _____

List other children in the family:

Name: _____ Age: _____ School Presently Attending: _____

Name: _____ Age: _____ School Presently Attending: _____

Name: _____ Age: _____ School Presently Attending: _____

Name: _____ Age: _____ School Presently Attending: _____

Are you receiving financial aid for above-mentioned children?: Yes No

If so, please specify amounts received for each child: _____

List other individuals to whom you contribute support:

Name: _____ Relationship: _____ Annual Amount: _____

Name: _____ Relationship: _____ Annual Amount: _____

Name: _____ Relationship: _____ Annual Amount: _____

Please list reason(s) why financial assistance is necessary: _____

How much tuition do you feel you can pay? _____

I certify that the information supplied in this application is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____