



MEETING
HOUSE
NURSERY
SCHOOL
TO PLAY IS TO GROW

Meeting House Nursery School
900 University Bay Drive
Madison, WI 53705
Phone (608) 233-9776

2025-2026 Financial Aid Application Form

The **Connie Johnson Financial Aid Funds** provide tuition assistance to several families every school year. Financial aid recipients are chosen primarily based on financial need. Applicants must meet the minimum guidelines (household income equal to 175% of the current Federal Poverty Guidelines) to be eligible. Meeting House Nursery School does not and shall not discriminate based on race, color, sex, creed, handicap, national origin, sexual orientation, or ancestry.

Please complete all sections below. The information provided will be confidential and used only for eligibility determination and verification of data. Return this form to the Executive Director, Meeting House Nursery School, 900 University Bay Drive, Madison, WI 53705 with your registration materials.

Family Data:

Name of child _____ Birthdate _____

Parent(s)/Legal Guardian(s) _____

Address _____ Phone Number _____

Name and relationship of household members (list ages of children)

Personal Data:

Current employment of all household members:

You may be asked to provide more detailed information.

Monthly Household Income (include all sources such as wages, salary, SSI, child support, alimony, annuities, government assistance, etc.)

Are you eligible for CCTAP (Child Care Tuition Assistance Program) through the University? ____
Yes ____ No

Please Note: If you do not state your eligibility for CCTAP and it becomes available to you, your scholarship award will be reduced by that amount. In addition, an increase in CCTAP funds will decrease scholarship awards.

Monthly Expenses (include housing, utilities, food, child support, medical, transportation, etc.)

Please explain briefly, why you are applying for this financial aid, why financial assistance is important to you, and why you want your child to attend Meeting House Nursery School. You may also use this space to provide additional information or describe circumstances that are pertinent to this financial aid application.

You may be asked to provide more detailed information.

Signature _____ Date _____

Current Income Guidelines For Financial Aid

Family Members 175% Federal Poverty Level

1 \$15,060

2 \$20,440

3 \$25,820

4 \$31,200

5 \$36,580

6 \$41,960

7 \$47,340

8 \$52,720

9+ add \$5,380 for each extra person

You may be asked to provide more detailed information.