Application for Enrollment Period (circle one): May 1 to Oct 31 Nov 1 to Apr 30 Year:\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Application for Tuition Assistance**  *Tuition assistance is intended to help eligible families with the cost of child care.* |

**Submit this application form together with income verification** (in the form of a recent pay stub AND a tax return) by the application deadline, unless you are only requesting an estimate. **When no documentation is submitted, no tuition assistance will be offered.** If the applicant is single, separated, or divorced AND is the sole supporter, please provide a written statement to this effect and attach it to this application.

**I. ENROLLMENT STATUS**

Please note that if you do not have any child(ren) currently enrolled at the ACCC, or if you do not expect to be enrolled within the next 30 days, it is assumed that you are requesting a tuition assistance estimate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Age | Classroom | Enrollment Date |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**II. APPLICANT DATA**

Applicant must be the parent/legal guardian of the child(ren) enrolled at the ACCC.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your spouse eligible to work in the US? (circle one) yes no

Spouse’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your spouse is not working, please explain why below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. APPLICANT/SPOUSE INCOME & INVESTMENTS**

Pre-tax incomes of both parents must be reported, unless applicant is single, separated/divorced AND the sole supporter (in such a case, do not report spouse income).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Income (**specify if per week, month, or year**) | | | | |
| ***Item*** | ***Applicant*** | ***Spouse*** | ***or*** | ***Joint*** |
| **Pre-tax** Wages/Salary |  |  |  |  |
| Self-employment Income |  |  |  |  |
| Social Security Income |  |  |  |  |
| Welfare Grants |  |  |  |  |
| Disability Insurance |  |  |  |  |
| Child Support/Alimony |  |  |  |  |
| Military or Other Housing Allowance |  |  |  |  |
| NACRA Subsidy |  |  |  |  |
| Dividends, Interest, Royalties |  |  |  |  |
| Rental Income |  |  |  |  |
| Workers Compensation Insurance |  |  |  |  |
| Pension/Annuities |  |  |  |  |
| Unemployment Compensation |  |  |  |  |
| Other Income or Investments1 not listed above |  |  |  |  |

|  |  |
| --- | --- |
| Does your family (includes applicant, spouse, and legal dependents) have savings and investments1 totaling more than $500,000? (circle one) | yes no |

1Investments: includes stocks, bonds, mutual funds, T-bills, etc., but do NOT include regulated retirement accounts (e.g., 401k, IRA, or pension funds)

**IV. DEPENDENT CARE COSTS**

Please list your current dependent care costs by age of dependent and cost per week:

|  |  |  |
| --- | --- | --- |
| ACCC | | Other Dependent Care Services |
| Child’s Age | Cost ($ per week) | Cost ($ per week) |
|  |  |  |
|  |  |  |
|  |  |  |

By signing below, you certify that all the information you have submitted is true and correct to the best of your knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_