

**HADDONFIELD CHILD CARE
TUITION ASSISTANCE GRANT APPLICATION**

PART ONE: CONFIDENTIAL INFORMATION

This section is for office use only; it is not viewed by the entire TAG Committee

Name of Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Other parent/guardian's full name and address (if different from above):

Please list all dependents:

#1 _____
#2 _____
#3 _____
#4 _____
#5 _____

Amount of aid requested per month: \$_____

PART TWO: GENERAL INFORMATION

This section is viewed by entire TAG Committee; please do not use names or other identifying information.

Dependent Information

| <u>Dependent #</u> | <u>Age</u> | <u>Relation to Applicant</u> | <u>School/Grade</u> | <u>HCC (y/n)</u> |
|--------------------|------------|------------------------------|---------------------|------------------|
| #1 | _____ | _____ | _____ | _____ |
| #2 | _____ | _____ | _____ | _____ |
| #3 | _____ | _____ | _____ | _____ |
| #4 | _____ | _____ | _____ | _____ |
| #5 | _____ | _____ | _____ | _____ |

Marital Status of Applicant

_____ Married _____ Married (spouse absent) _____ Never married
_____ Divorced _____ Legally separated _____ Widowed
_____ Other: _____

Custodial Agreement Information

Is there a Court Order for the support of the child(ren): _____ yes _____ no
Is there any agreement specifying a contribution for this student’s educational or childcare expenses? _____ yes _____ no If yes, how much per month? \$ _____
Do you receive alimony and/or child support? _____ yes _____ no
Are payments up to date? _____ yes _____ no
Delinquent amount \$ _____

Additional Information

Please indicate below any additional information, which will place the TAG Committee in possession of all essential facts relevant to a decision, including any unusual work circumstances (i.e.: travel, seasonal layoffs, etc.) Also, if any amounts stated in your application represent a radical change from previous years, please explain. Do not use names or other identifiable information.

Employment Status of Parents/Guardians

Name and address of applicant's employer:

How many hours per week do you work? _____

Are you paid? ___ salary ___ hourly ___ commission ___ bonus _____ other (describe)

How often are you paid? ___ weekly ___ bi-weekly ___ semi-monthly ___ monthly

Name and address of other parent's/guardian's employer:

How many hours per week does he/she work? _____

Is he/she paid? ___ salary ___ hourly ___ commission ___ bonus _____ other (describe)

How often is he/she paid? ___ weekly ___ bi-weekly ___ semi-monthly ___ monthly

Real Estate Information

Do you own or rent your current residence? _____ own _____ rent

Is your landlord related to you? _____ yes _____ no

If yes, what is the relationship? _____

Do you own any real estate other than your primary residence? _____ yes _____ no

If yes, please complete:

| | |
|---------------------------|-----------------------|
| _____ Investment Property | Present Market Value: |
| _____ Vacation Home | \$ _____ |
| _____ Business Property | \$ _____ |
| _____ Other | \$ _____ |

Automobile Information

Please list the make, model and year of your automobile(s):

Own/Lease:

1) _____

2) _____

Income Information

Please indicate if **you** or **your child's other parent/guardian** have income from any of the following sources:

| <u>Source:</u> | <u>Applicant Amount Per Month</u> | <u>Other Parent/Guardian Amount Per Month</u> |
|---|---------------------------------------|---|
| Gross wages (before taxes) (salary, commission, bonuses, tips) | _____ | _____ |
| Interest and dividends | _____ | _____ |
| Alimony | _____ | _____ |
| Child support | _____ | _____ |
| Unemployment benefits | _____ | _____ |
| Workman's compensation | _____ | _____ |
| Social Security benefits | _____ | _____ |
| Veteran's benefits | _____ | _____ |
| Public aid | _____ | _____ |
| Tuition aid | _____ | _____ |
| Annuities | _____ | _____ |
| Aid from relatives | _____ | _____ |
| Property rental income | _____ | _____ |
| Other: _____ | _____ | _____ |
| Total | \$ _____ | \$ _____ |

Please indicate if the **dependents** have income from any of the following sources:

| <u>Source:</u> | <u>Applicant Amount Per Month</u> |
|--------------------------|---------------------------------------|
| Employment | _____ |
| Social Security benefits | _____ |
| Trust fund | _____ |
| Scholarships | _____ |
| Aid from relatives | _____ |
| Other: _____ | _____ |
| Total | \$ _____ |

Expenditures

Monthly

Mortgage/Rent _____
Real Estate Taxes (if not included in mortgage) _____
Credit Cards _____
Bank Loans _____

Utilities

Electric _____
Gas _____
Oil _____
Sewer/Water _____
Phone/Cell phone _____
Cable/Internet Access _____

Education

of months

School Tuitions _____
College _____
School Expenses (supplies, books) _____
Haddonfield Child Care _____
Other Child Care _____
Summer Care _____
Other _____

Transportation

Public _____
Automobile Payment _____
Gas for Automobile _____
Auto Maintenance _____

Insurance

Health _____
Life _____
Automobile _____
Other _____

Medical

Clothing _____
Food _____
Entertainment _____
Vacations _____
Club Memberships _____
Extracurricular Activities _____
Other (please explain) _____

Total \$ _____