

# TUITION ASSISTANCE APPLICATION



This form **MUST** be accompanied by at least 2 weeks' worth of income verification for all adults living in the home.

Child's Name: \_\_\_\_\_ School : \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Annual household income: \$ \_\_\_\_\_

1. Have you ever received financial assistance from the YWCA in the past? Yes No
2. Are you currently receiving child care subsidy assistance through the Department of Social Services? Yes No
  - a. If **No**, do you plan to apply? Yes No
  - b. If **Yes**, who is your caseworker: \_\_\_\_\_
  - c. If **Yes**, have you recently applied, or do you have an established and open case?  
Choose One: \_\_\_\_\_ Established & open case. \_\_\_\_\_ Recent application & Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Will you be attending college or working at least 17.5 hours per week while your child is attending the program? Yes No
4. How many responsible adults live in the home: \_\_\_\_\_
5. How many children live in the home: \_\_\_\_\_

Why are you applying for financial assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By completing this form, I certify that all the herein contained information is accurate and correct to the best of my knowledge and that all income for the household is reported.*

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

<b>** FOR OFFICE USE ONLY **</b>		
DSS CONTACT: _____	INCOME VERIFIED: _____	PAYMENT: \$ _____ p/day
DSS CO-PAY: _____	PARENT NOTIFIED: _____	INITIALS: _____