TUITION ASSISTANCE APPLICATION



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

2. Are you currently receiving child care subsidy assistance through the Department of Social Services? 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? 4. How many responsible adults live in the home: 5. How many children live in the home: Why are you applying for financial assistance? Why are you applying for financial assistance?	Child's Name:	<u>Sch</u>	nool :	
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 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:	Parent/Guardian Name:			
I. Have you ever received financial assistance from the YWCA in the past? 2. Are you currently receiving child care subsidy assistance through the Department of Social Services? 2. If No, do you plan to apply? Yes No 3. If Yes, who is your caseworker: 4. If Yes, have you recently applied, or do you have an established and open case? 4. Choose One: 5. Established & open case. 6. Recent application & Date: 7. Yes No 9. Will you be attending college or working at least 17.5 hours per week while your child is attending the program? 9. Yes No 1. How many responsible adults live in the home: 5. How many children live in the home: 6. How many children live in the home: 8. Why are you applying for financial assistance? 8. Why are you applying for financial assistance? 8. Date: 1. Have you currently receiving this form, I certify that all the herein contained information is accurate and correct to the being knowledge and that all income for the household is reported. 1. Have you currently receiving this form, I certify that all the herein contained information is accurate and correct to the being knowledge and that all income for the household is reported. 8. POR OFFICE USE ONLY**	Phone Number:	Cell Phone Numb	er:	
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** <u>FOR OFFICE USE ONLY</u> **	Signature		Date:	
			Succ.	
DSS CONTACT: INCOME VERIFIED: PAYMENT: \$ p.		** FOR OFFICE USE ONLY **		
	DSS CONTACT:	INCOME VERIFIED:	PAYMENT: \$	p/day
DSS CO-PAY: PARENT NOTIFIED: INITIALS:	DSS CO-PAY:	PARENT NOTIFIED:	INITIALS:	