



Children's Learning Center at Mitchell College Financial Aid Application

The information you provide on this form will be kept confidential. The Children's Learning Center at Mitchell College is committed to providing quality childcare at an affordable rate. This application will be evaluated and financial aid will be awarded based on funds available. Financial Aid may be changed at any time depending on agency funding.

I have completed this application for financial aid and declare that, to the best of my knowledge and belief, the information I have provided is true and correct. It is a true and complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Director of the Children's Learning Center of any change to income or resources.

Signature of Parent/Guardian _____

Date _____

Please submit completed application to the CLC Director.

DO NOT WRITE BELOW THIS LINE

Date Received _____ Reviewed by _____

Documentation - Complete Incomplete

Number in Family _____ Total Household Income _____

Level of Financial Aid Awarded

Sources of Financial Aid

Effective Period of Financial Aid _____ to _____

Approved by _____ Date _____

Applicant Information

All questions must be answered – incomplete applications will not be considered.

Name(s) of Child(ren):

Name(s) of Custodial Parent(s) or Guardian(s):

Address of Custodial Parent(s)/Guardian(s):

Home Phone _____ Work Phone _____

Household Information

1. Marital Status: Single Divorced Married Other

2. Names of all children in household Age

3. Number of other persons in the household that you support:

Name Age

Employer Information

Name and Address of Employer:

Position _____ Hours Per Week _____ Rate _____

Annual Gross Income _____

Is your spouse or significant other employed? Yes No

If yes –

Name and Address of Employer:

Position _____ Hours Per Week _____ Rate _____

Annual Gross Income _____

Additional Household Income

List the income from other employment, unemployment compensation, disability, workman's compensation, etc.

Other Monthly Income

Alimony	\$
Food Stamps	\$
Child Support	\$
Stocks/Bonds	\$
AFDC	\$
General Assets	\$
Child Social Security Benefits	\$
Rental Income	\$
TFA	\$
Other	\$

Military Only

Allowance for Living Expenses _____ Military Housing Yes No

Other

Please use the space provided below to explain any unusual or extenuating circumstances that are financially affecting you and your family.

Please attach the most recent copy of one (1) month of current pay stubs. Applications will not be considered without the above proof of income.
