



## 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):**

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

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

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**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

### **Household Information**

1. Marital Status:      ☐ Single      ☐ Divorced      ☐ Married      ☐ Other

2. Mom's maiden name (if applicable) \_\_\_\_\_

3. Names of all children in household      Age

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

Name      Age

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**Employer Information****Name and Address of Employer:**

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Position \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Rate \_\_\_\_\_

Annual Gross Income \_\_\_\_\_

Is your spouse or significant other employed? ☐ Yes ☐ No**If yes –****Name and Address of Employer:**

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Position \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Rate \_\_\_\_\_

Annual Gross Income \_\_\_\_\_

**Additional Household Income**

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

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**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.

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**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.**

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