



**Children's Learning Center at Mitchell College**  
**FINANCIAL AID APPLICATION 2023-24**

**Applicant Information**

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

Child's Name \_\_\_\_\_

Parent(s), guardian(s), sponsor(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**Household Information**

1. Marital Status:             Single     Divorced     Married     Other

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

<u>Names of all children in household</u>	<u>Age</u>	<u>Names of all children in household</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____

**Employer Information**

**Name and Address of Employer:**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Is your spouse/partner employed?  Yes  No

**If Yes – Name and Address of Employer:**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

**Additional Household Income**

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.

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**Please attach a copy of your W9. If you qualify you will need to submit one (1) month of current pay stubs 6 months after your initial approval for redetermination. Applications will not be considered without the above proof of income.**

*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.*

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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

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Date Received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Documentation  Complete  Incomplete

Number in Family \_\_\_\_\_ Total Household Income \_\_\_\_\_

Level of Financial Aid Awarded (Family Fee)  
\_\_\_\_\_

Sources of Financial Aid \_\_\_\_\_

Effective Period of Financial Aid \_\_\_\_\_ to \_\_\_\_\_

Redetermination Date \_\_\_\_\_

Proof of Income \_\_\_\_\_

Approved by:

Name: \_\_\_\_\_ Date \_\_\_\_\_

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