



Children's Learning Center at Mitchell College

FINANCIAL AID APPLICATION 2026-2027

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: _____

Household Information

Marital Status (single, married, divorced or other): _____

Mom's maiden name (if applicable): _____

Total number of people in the household: _____

Names of all children in household	Age	Names of all children in household	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of other persons in the household that you support:

Name	Age	Name	Age
_____	_____	_____	_____

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? _____

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.

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.

=====

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 (Family Fee)

Sources of Financial Aid _____

Effective Period of Financial Aid _____ to _____

Redetermination Date _____

Proof of Income _____

Approved by:

Name: _____ Date _____

Signature: _____