

2019 CARE for Children Early Learning Program
Financial Evaluation Application for Tuition Assistance and Scholarship Funds

CARE has two financial aid programs for our preschool students:

1. Tuition Assistance is available for qualified families based on a sliding fee scale (eligibility is determined by income guidelines for the federal student lunch program) and assistance levels will be established after July 1st.

2.) CARE is a Pre-Kindergarten Scholarship Program through the State of Pennsylvania's Education Improvement Tax Credit Program (EITC). Scholarship funding for this program has higher income guidelines which are determined each year after July 1st. Pre-K Scholarship awards will be determined each school year and are based on qualified businesses contributing to our program so funding as well as scholarship amounts may vary year-to-year.

It is recommended that all families fill out the financial aid form to ensure eligibility for scholarship funding especially if your family's circumstances change mid- year.

Child's Name _____ **Date** _____

Parent/Guardian's Name(s) _____

Names and Ages of Those Living in the Household or Who Contribute to the Household.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

<u>Name of Wage Earner(s)</u>	<u>Employed By</u> _____	<u>Annual Income*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Source of Income (Child support, Cash Assistance, Workers Compensation, SSI, Disability, etc.)

Please list any special financial circumstances which should be considered when evaluating your scholarship application such as illness, medical bills, housing problems, single parent, etc. (use the back of the page if needed).

I certify that this information is correct to the best of my knowledge and that I will update my information as it changes. I understand that deliberate misrepresentation of the information may result in the scholarship being denied or revoked, and may subject me to prosecution under applicable State and Federal Laws.

Parent Guardian/Signature **Date**

***Please enclose a photocopy of your most recent Income Tax Return and 4 of your most recent pay stubs.**
Form updated 1/19