

Wellington PTO Student Care Tuition Assistance Policy

Thank you for your interest in applying for a scholarship from the Wellington Student Care Program. Each fiscal year (July 1-June 30) the Program budgets a limited amount of funds to be used to provide tuition assistance to families in need. This funding comes solely from the tuition paid by Student Care program families; tuition assistance is not provided by any federal, state, or local agency.

The Board requires that eligible families apply for a child care voucher from the Child Care Resource Center before a request is made of the Wellington PTO Student Care Program for tuition assistance. Initial contact is made by calling the Department of Early Education and Care at (508)798-5180.

Application

In order to be eligible to receive tuition assistance from the Program, you must submit a confidential Tuition Assistance Application using the attached form. In addition, supporting documentation of family income **must** be included. Specific requirements are listed on the application form.

You are welcome to explain any special circumstances which might affect your application for assistance.

Applications may be made at any time; a new application must be submitted at the beginning of each fiscal year.

Eligibility Limitations

Families who already receive financial assistance to pay their tuition from any federal, state or local source are not eligible to also receive tuition assistance from the Program.

Decisions on Eligibility

The Student Care Board will evaluate all applications taking into account:

- Financial need compared to the need of other applicants
- Special circumstances
- Size of the current year's financial aid budget
- Remaining available budgeted funds for the current fiscal year

Families applying for tuition assistance by August 15 will receive a response from the Board ten days before the start of school. Families applying at other times of the year can expect a response within 30 days after the receipt of a completed application.

Wellington PTO Student Care Financial Aid Application

School Year _____

To receive financial aid from the Student Care Program, you must complete the attached financial aid application. **Incomplete applications will be returned and will not be considered until resubmitted with all required information.** You may be asked to provide additional information to show continued eligibility during the school year.

GENERAL INFORMATION

(Please print clearly)

Name of student _____ Grade _____

Circle program for which you would like to request a scholarship:

Morning Care: 5-day 4-day 3-day 2-day 1-day

After Care: 5-day 4-day 3-day 2-day 1-day

Parent/Guardian

Parent/Guardian

Name: _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Occupation: _____

Circle Status: Married, 2 incomes Married, 1 income Single, 1 income
Other (please explain): _____

List names and ages of other household members:

If you currently receive TANF (Temporary Assistance to Needy Families) support, you may be eligible for a Child Care Voucher which will pay a portion of your tuition cost. Please contact the Child Care Resource Center (CCRC) at www.ccrccinc.org for more information.

Do you currently receive TANF Assistance Yes No

Do you currently receive a child care voucher from CCRC? Yes No

Wellington PTO Student Care Financial Aid Application

FINANCIAL INFORMATION

Monthly Household Income

(List all sources of income, including salaries and wages, TANF payments, child support, alimony and social security payments.)

Monthly Income:

Source of Income

(Mother/Father's Job, Child Support, etc.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total Income: \$ _____

Total Assets:

Total in Savings & Checking Accounts \$ _____

Total Equity in Real Estate \$ _____

Total other financial assets
(stocks, bonds, CD, other investments) \$ _____

Do you own a car? Yes No *If Yes, Make and Model:*

Monthly Household Expenses

(List average monthly expenses by category)

Rent/Mortgage \$ _____

Child Care Expense
(Other than Wellington) \$ _____

Non Reimbursed Medical/Dental \$ _____

Utilities \$ _____

Car payment/insurance \$ _____

Food \$ _____

Other (Please specify) \$ _____

Total Expenses: \$ _____

Wellington PTO Student Care Financial Aid Application

Please submit the following with your application:

Verification of Full-time Employment:

We will need a copy of **EACH** of the following for **BOTH** parents:

- a current pay stub that includes the number of hours worked per week/pay period AND
- a letter from the employer, on company letterhead stating the days and hours you work. The letter must be signed by a supervisor or manager with his or her title specified on the letter.

Verification of Self-Employment:

We will need copies of the following:

- Your previous year's annual Federal Income Tax Return (Sole Proprietorship form 1040), complete with a copy of Schedule C (profit or loss form, business or profession; Partnership form 1040 with form 1065 "Partner's share income, credits, deductions, etc."); Corporation form 1120 "U.S. Income Tax Return for "S" corporation, if you are the entire corporation. A signed copy of last year's form 1040 with form 1120 and schedule D-1 if the applicant is only shareholder in a corporation, AND
- A notarized financial statement verifying current adjusted gross income.
- A notarized letter stating the hours and days you work.
- This is not an inclusive list. Required documentation may vary depending on the occupation.

Verification of Full-Time Schooling

We will need a copy of the following for **EACH** parent

- A class schedule from the school which includes the number of classes, AND the hours that classes are in session OR
- A letter on official school paper stating the days and hours the program is in session.

Are there any special circumstances or any expected changes in your income or expenses during the current school year that affect or will affect your need for financial aid? If so, please use the reverse side of this form or attach a sheet explaining your situation.

The program does not award 100% financial aid. Families are expected to pay the maximum amount possible given the family's financial circumstances. Given your financial situation, what are you able to contribute toward tuition?

You must fill out this amount before your application can be considered.

\$ _____

ALL APPLICATIONS MUST BE SIGNED

I/We declare that all information on this application is true, correct and complete to the best of my/our knowledge.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Wellington PTO Student Care
Self Employment Verification Form

Family Information:

Student Name _____ Grade _____

Name of self-employed parent/guardian: _____

Address: _____

Phone Numbers: _____

Information about Business

Name of Business: _____

Address of Business: _____

Business Telephone: _____

Employer Identification Number (EIN): _____

Corporate Status of Business (Please check one)
_____ Sole Proprietorship _____ Partnership _____ Corporation _____ S-Corporation

Number of Hours Worked Per Week: _____

Work Schedule (days of week and hours per day): _____

Required Business Documentation (Please check and attach one of the following):

- _____ Doing business as (DBA) Certificate
- _____ Articles of Incorporation on file with the Secretary of the Commonwealth
- _____ Certificate of Registration issued by the Secretary of the Commonwealth
- _____ Professional License
- _____ Other documentation indicating establishment of business
(Please explain)

Required Financial and Work Schedule Documentation for Self-Employed Parents/Guardians

(Please check and attach the following, if applicable)

_____ Previous year's complete federal and state income tax return including all applicable forms and schedules (Required for all applicants)

_____ Monthly Self-Employment Earning Worksheet (Required for applicants who are newly self-employed such that business is not reported on previous year's tax return.)

_____ Monthly Work Schedule Worksheet (required for all applicants who provide services for more than one client.)

Wellington PTO Student Care Monthly Self-Employment Earning Worksheet

(Required for applicants who are newly self-employed such that business is not reported on previous year's tax return.)

Parent/Guardian Name _____ Child's Name _____

Month/Year _____

Number of hours worked per week this month _____

Total number of hours worked this month _____

A. Monthly Gross Receipts or Sales, Including All Tips: \$ _____

Monthly Business Expenses:

Cost of good sold	\$	Interest paid on mortgage owed banks	\$
Advertising	\$	Other Interest Payment	\$
Automobile Expenses: Gas	\$	Legal and Professional Services	\$
Insurance	\$	Office Expenses	\$
Maintenance	\$	Pension of Profit-Sharing Plan	\$
Registration	\$	Rent for Leased Vehicles, Machinery or Equipment	\$
Commissions and Fees	\$	Rent for Other Business Property (office space)	\$
Contract Labor	\$	Repairs and Maintenance	\$
Employee Benefit Programs (Health, Accident, Life Insurance)	\$	Supplies	\$
Employee Wages and Salaries	\$	Taxes and Licenses	\$
Insurance (Commercial Liability, Fire Insurance)	\$	Utilities	\$

B. Total Monthly Business Expenses (Total of Chart Above) \$ _____

C. Net Monthly Business Income (Subtract line B from A) \$ _____