

## TUITION SUBSIDY APPLICATION

Please select location:    Burlingame    Palo Alto

This application requires each guardian's proof of income to qualify for the Tuition Subsidy at Learning Links.					
PRIMARY PARENT					
Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
Date:					
Primary Parent Name:					
Current Address:				Apartment/Unit:	
City:		State:		Zip Code:	
Home Phone:		Cell:		Work:	
Email:		Language:			
Family Size (include parents & children):					
SECONDARY PARENT <input type="checkbox"/> Not living in the home					
Secondary Parent Name:					
Current Address:				Apartment/Unit:	
City:		State:		Zip Code:	
Home Phone:		Cell:		Work:	
Email:		Language:			
FAMILY INFORMATION					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
MONTHLY INCOME: PRIMARY PARENT					
Gross Monthly Income \$ _____	Child Support	Cash Aid or Foster Payment	State Disability Insurance (SDI)	Supplemental Security Income (SSI)	Other Income Type: _____
Hours & Wage Hours per week _____ \$ per hour _____					
MONTHLY INCOME: SECONDARY PARENT <input type="checkbox"/> Not living in the home					
Gross Monthly Income \$ _____	Child Support	Cash Aid or Foster Payment	State Disability Insurance (SDI)	Supplemental Security Income (SSI)	Other Income Type: _____
Hours & Wage Hours per week _____ \$ per hour _____					



CHILD 1

Name:	
School:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD 2

Name:	
School:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD 3

Name:	
School:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List CHILDREN that DO NOT NEED CARE

Name:	DOB:
Name:	DOB:
Name:	DOB:

REQUIRED QUALIFYING DOCUMENTS

- \* Attach appropriate qualifying documents for all household members and non-household guardians.
- \* Supporting documents will not be returned, plan to enclose photocopies.
- \* Subsidy awards are for one school year at a time; all application resubmission is required for each school year and due by July 1.
- \* If your income level changes you are required to inform us immediately. Failure to do so may result in dis-enrollment from the center.
- \* Schedule changes after a subsidy has been awarded may require you to re-qualify for your subsidy.
- \* Applications will not be processed until all required documents have been received.

**INCOME DOCUMENTS**

- Current federal tax return. (Required)
- Two of the most recent pay stubs from primary and secondary adults (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income (Required)
- AFDC and SSI recipients include a copy of disbursement voucher (If applicable)
- Details and amounts of income or assistance you currently receive for (Fill out all applicable sections):
  - Unemployment:       \$ \_\_\_\_\_       Social Security (SSi): \$ \_\_\_\_\_       Disability: \$ \_\_\_\_\_
  - Child Support/alimony: \$ \_\_\_\_\_       Pension/retirement: \$ \_\_\_\_\_       Other:       \$ \_\_\_\_\_

**APPLICANT(S) DOCUMENTATION**

1. For each Parent/Legal Guardian one picture ID from the following list:
  - Current State Driver's License
  - Current State ID Card
  - Valid US Passport

**Please read the following information carefully before initialing each statement and signing below.**

Learning Links Preschool is authorized to confirm the authenticity of any documents provided when it has reason to believe false information has been provided. \_\_\_\_\_

Investigations that reveal a family has accepted a scholarship on the basis of providing false information will lead to the immediate withdrawal of the child from Learning Links Preschool. \_\_\_\_\_

**ACKNOWLEDGEMENT**

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on time program payments are required to receive a tuition subsidy. I understand I am subject to the rules and regulations of the Learning Links Preschool.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your signature indicates that you understand the policies and procedures of the Learning Links Tuition Subsidy program

**For Office Use**

Received Date:	Waitlist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Staff:
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