



# APPLICATION FOR TUITION ASSISTANCE

## SECTION 1 – APPLICANT INFORMATION

Full name of applicant (first, middle, last) \_\_\_\_\_

Marital status             Never married             Married             Divorced  
    Separated             Widowed

ADDRESS (Number & street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

## SECTION 2 – LIST ALL ADULTS LIVING IN YOUR HOME (other than yourself)

| Name (first, middle last) | Birthdate | Relation to You |
|---------------------------|-----------|-----------------|
| 1. _____                  | _____     | _____           |
| 2. _____                  | _____     | _____           |
| 3. _____                  | _____     | _____           |

## SECTION 3 – LIST CHILDREN NEEDING CARE

| Child's Name (first, middle, last) | Birthdate |
|------------------------------------|-----------|
| 1. _____                           | _____     |
| 2. _____                           | _____     |
| 3. _____                           | _____     |

## SECTION 4 – SELF-EMPLOYMENT INCOME (of all adults living in home)

| Type of Work | Gross Monthly Income |
|--------------|----------------------|
| 1. _____     | \$ _____             |
| 2. _____     | \$ _____             |

**SECTION 5 – EMPLOYMENT INCOME (of all adults living in home; attach copy of paystub)**

**Employer Name & Address**

**Gross Monthly Income**

1. \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

**SECTION 6 – UNEARNED INCOME (check all that apply for any adult living in home)**

Do you, or other adults in your household, receive any other income than earnings listed above?

No       Yes (check all the boxes below that apply)

DHS cash assistance

Education grants or loans

State Disability Assistance

Supplemental Security Income (SSI)

Pension/retirement benefits

Worker's compensation

Unemployment compensation

Child support

Social Security Benefits

Housing assistance

Disability benefits

Veteran's Benefits

Other: \_\_\_\_\_

Gross monthly amount received from all unearned source: \$ \_\_\_\_\_

**SECTION 7 – INFORMATION REPORTED ON LAST TAX RETURN (provide a copy of all returns)**

Filed:  Single/Head of Household       Married Filing Jointly       Married Filing Separately

Total Income (1040 line 22; 1040EZ line 1): \$ \_\_\_\_\_

Adjusted Gross Income (1040 Line 37; 1040EZ line 4): \$ \_\_\_\_\_

Earned Income Credit (EIC) (1040 line 64a; 1040EZ line 9a): \$ \_\_\_\_\_

**I declare that the information I have provided is, to the best of my knowledge and belief, true and correct. If my income changes from that listed above, I will promptly contact and inform the Vineyard Children's Center.**

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

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

[Please return this completed form, along with any copies of financial documents, to the Director]