

TRINITY COOPERATIVE DAY NURSERY

APPLICATION FOR FINANCIAL ASSISTANCE

Please fill in this form as completely as possible. If additional information is needed, a copy of your latest tax return may be requested. All information will be kept completely confidential by the Director of TCDN and the Scholarship Committee, which is comprised of one staff member and several members from the Board of Directors of TCDN. All financial assistance is available on a nondiscriminatory basis.

Filing Date: _____

I. Name of Applicant _____ **Relation to Child** _____
 (Parent or legal guardian)

Social Security Number _____
 Address _____ Phone _____

Name of Child(ren) in the program _____

Address (if different from applicants) _____

Marital Status of Applicant (check one):

- | | |
|--|---|
| <input type="checkbox"/> Married, spouse present | <input type="checkbox"/> Married, Spouse Absent |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Unmarried |

List All Members of the Household:

Name:	Age	Relation to Applicant	Legal Dependent?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Occupational Information

	<u>Applicant</u>	<u>Spouse/other adult in household</u>
Position or Title	_____	_____
Name of Employer	_____	_____
Address	_____	_____
Phone Number	_____	_____
Hours worked per week	_____	_____
Monthly Gross Income	_____	_____
Other Employment:		
Name of Employer	_____	_____
Address	_____	_____
Phone Number	_____	_____
Hours worked per week	_____	_____
Monthly Gross Income	_____	_____
Total Monthly Gross Income	_____	_____

III. Other Income:

	Monthly	
	Applicant	Spouse/other adult in household
Alimony	_____	_____
Social Security	_____	_____
Workmen's Compensation	_____	_____
Unemployment Benefits	_____	_____
Relatives	_____	_____
From Stock, Bonds, Trusts	_____	_____
Other (specify)	_____	_____

IV. Child(ren)'s Income:

	Monthly
Child Support from Mother	_____
Child Support from Father	_____
Social Security Benefits	_____
Trust Fund	_____
Support from other Relatives	_____
Other (specify)	_____

V. Family Assets and Liabilities:

	Applicant	Spouse/other adult in household
Value of Assets:		
House	_____	_____
Other Real Estate	_____	_____
Automobile(s)	_____	_____
Stocks and Bonds	_____	_____
Savings Accts. and Trusts.	_____	_____
Other (specify)	_____	_____

Liabilities:	Monthly Payments	
Mortgages	_____	_____
Student Loans	_____	_____
Car Loans	_____	_____
Other Debt or Obligations	_____	_____
	_____	_____

Family Expenses:

	Monthly Expense	
Child Care Costs	_____	_____
Health Insurance	_____	_____
Auto Insurance	_____	_____
Utilities	_____	_____
Other Expenses	_____	_____
(Large or unusual expenses)	_____	_____

VI. Include one month's pay stubs from Applicant and Applicant's Spouse/or any other adult residing in household

I have read the above application carefully and declare that I have supplied all information to the best of my knowledge and belief and that it is a complete statement of all income, assets or resources belonging to me or to any member of my immediate family.

Signed: _____ Date: _____