

**UNITED COMMUNITY NURSERY SCHOOL
323 TEMPLE ST. NEW HAVEN, CT 06511
FINANCIAL AID APPLICATION**

CHILD'S NAME _____ Date of Application _____

Parent/Guardian(s) Name(s) _____

United Community Nursery School offers limited tuition aid depending on yearly fundraising, donations, and/or School Readiness grants awarded to the school. Tuition aid awarded to families is based on severity of need and funds available at the time of application. Aid is offered first to currently enrolled families. Awards are usually made each spring for the following school year, and additional funds may not be available after that time. New Haven School Readiness grant subsidized tuitions are currently offered to all full and part day families residing in New Haven who meet the current grant income criteria, and the family's share payments are based on the state School Readiness Fee Schedule (sliding scale, based on income & number of family members). All tuition aid recipients are also encouraged to apply for the Connecticut Care4Kids Program aid if qualified.

All information provided will be kept strictly confidential. Any changes in income must be reported immediately, and your award may be adjusted. If needed, help is available to fill out this and other forms.

Please carefully read and fill in all spaces on both sides of this form.

- 1. **ATTACH COPIES OF THE LAST MONTH'S PAY STUBS FOR ALL PARENTS/GUARDIANS RESIDING IN THE CHILD'S HOME. We need official documentation of your income before we can process your application.**
- 2. Awards are based on taxable gross income (not net.) Please fill in the taxable gross income for **all** parents/guardians living in the household:

Source of Income: _____ Monthly Income: _____
Wages/salaries: _____
TFA/Welfare: _____
Social Security: _____
Unemployment: _____
Grants/Stipends: _____
All other income: _____

- 3. In your household, what is the total number of adults____; children____
- 4. Please list names of all persons living in your household. Also list birth dates for all children living in your household.

PLEASE TURN OVER & FILL OUT OTHER SIDE

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Parent 1 is paid ___ weekly ___ bi-weekly ___ monthly ___ other:

Parent 2 is paid ___ weekly ___ bi-weekly ___ monthly ___ other:

Please list any special conditions you feel we should know about.

Please initial the following:

___ I will consider applying for Care4Kids if qualified

___ I have attached copies of the **last 4 pay stubs** (or other documentation of the most recent month's pay) for all parents/guardians living in the household.

I understand that all information on this form will be kept confidential. I authorize United Community Nursery School to verify any information provided on this form. I will submit current pay stubs every 12 months or whenever my income changes. I certify that the information on this form is true and complete to the best of my knowledge.

Parent/Guardian(s) Signature(s): _____

Date _____