



Application for Tuition Assistance

SECTION 1 – APPLICANT INFORMATION

Full name of applicant (first, middle, last) _____

Marital status: Never married Separated Married Divorced 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)
- | | |
|--|---|
| <input type="checkbox"/> DHS cash assistance | <input type="checkbox"/> Education grants or loans |
| <input type="checkbox"/> State Disability Assistance | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Worker’s compensation |
| <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Housing assistance |
| <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Veteran’s Benefits |
| <input type="checkbox"/> 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]