



Financial Aid Application 2019-2020

FTCNS Student Name(s): _____

Date(s) of Birth: _____ Class(es): _____

Families Together Cooperative Nursery School (FTCNS) is committed to paying a living wage to our staff while being financially accessible to families of different means. Annual tuition is based upon a sliding scale relative to a family's income level and can be paid on an annual, semi-annual or monthly basis. When/if our sliding scale is not affordable for a family, we may also offer additional financial aid.

Some of the factors considered in determining aid awards include: the number of class days a child is attending; the number of people in a child's family; the family's overall assets and debt; any extenuating financial circumstances or crisis; whether a family's current financial circumstances are significantly different than what is reflected on their tax return; whether the family qualifies for state Child Care Assistance (CCAP); and the number and nature of requests we get in a given year.

Submitting this application means only that you will be considered for aid, which is awarded at the sole discretion of FTCNS.

	Financial Aid Application Due	Financial Aid Award Notification
Returning Family	Friday, February 8, 2019	Wednesday, February 20, 2019
New Family	Monday, March 11, 2019	Wednesday, March 20, 2019

Financial aid applicants are required to include a copy of the first page of their 2018 tax return. Parents/guardians filing separately must submit the first page of all tax returns. If your 2018 tax return is not ready, please estimate your income level now and submit your 2018 tax return by April 15, 2019. Awards made without income verification may increase or decrease once verification is provided.

Information must be provided on all parents/guardians regardless of living situation or marital status. Parents/guardians who are not living together are welcome to apply for financial aid with separate applications. Please check here if we should expect separate applications.

Illinois Department of Human Services CCAP Family Eligibility

The Illinois Department of Human Services Child Care Assistance Program (CCAP) is designed to help low-income, working families with payment for quality child care. To qualify for the program an applicant must be:

- An Illinois resident;
- Recipient of Temporary Assistance to Needy Families (TANF), or a
- Family with a Special Needs child(ren), or a
- Teen parent enrolled full-time in elementary or high school or GED classes to obtain a high school degree or its equivalent, or a
- Working parent or parent attending school/training whose monthly income does not exceed the income guidelines (ranging from \$30,000/yr for a family of 2 to \$62,500/yr for a family of 6) for their family size.

Do you think that your family might qualify for CCAP? yes no maybe
 Would you like help applying for CCAP? yes no maybe

Please disclose your range of 2018 household Adjusted Gross Income (PRIOR to itemized or standard deductions as defined on the federal tax form 1040, line 37 or tax form 1040ez, line 4).

2018 Adjusted Gross Income Level: _____

2018 Adjusted Gross Income	\$0-\$14,999	\$15,000-\$29,999	\$30,000-\$44,999	\$45,000-\$59,999	\$60,000-\$74,999	\$75,000-\$89,999	\$90,000-\$119,999	\$120,000-\$149,999	\$150,000-\$199,999	\$200,000-\$249,999	\$250,000-\$349,999	\$350,000 and over
Adjusted Gross Income Level	1	2	3	4	5	6	7	8	9	10	11	12

Parent/Guardian #1 Information

Name: _____ E-Mail: _____

Address: _____ Phone: _____

This adult has legal responsibility for this child (supporting in part or claiming as a dependent): yes no

This adult lives with this child: full-time part-time (shared custody) no

Place of Work: _____ Position/Title: _____

Parent/Guardian #2 Information

Name: _____ E-Mail: _____

Address: _____ Phone: _____

This adult has legal responsibility for this child (supporting in part or claiming as a dependent): yes no

This adult lives with this child: full-time part-time (shared custody) no

Place of Work: _____ Position/Title: _____

Parent/Guardian #3+ Information – please attach any additional information as necessary.

Impending Changes in Living Situation

Do you anticipate any changes in the child’s living situation the coming year? yes no maybe

Siblings/Dependents

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Are there any other dependents who live with you? yes no

If yes, name and date of birth: _____

Household Income/Financial Support

What is the total gross (before taxes) annual income from ALL sources/households? Sources include: any/all salary and wages, tips, partnership income, business income, and social security/unemployment/disability/other government assistance. Attach more information if necessary.

Source: _____ Amount of Income: _____

Source: _____ Amount of Income: _____

Source: _____ Amount of Income: _____

Source: _____ Amount of Income: _____

Source: _____ Amount of Income: _____

Source: _____ Amount of Income: _____

Please note any other sources of financial support (from family, employer, etc.) to help pay for preschool:

Source: _____ Amount of Income: _____

Source: _____ Amount of Income: _____

Financial Obligations/Circumstances/Ability to Pay

Please check if any of the following will significantly impact the ability to pay for preschool:

- Student loan payments credit card payments other loan payments medical payments job loss other (please explain)

Total monthly financial impact of these obligations/circumstances: \$ _____

Please provide any other information we should consider in determining your family's financial aid eligibility. Attach more information if desired.

I certify that all of the information provided in this application is correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

Email applications to businessmanager@ftcns.org. Please include a copy of the first page of your 2018 tax return. Parents/guardians filing separately must submit the first page of all tax returns. If your 2018 tax return is not ready, please estimate your income level now and submit your 2018 tax return by April 15, 2019. Awards made without income verification may increase or decrease once verification is provided.