



## Financial Aid Application 2020-2021

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class/Lunch Bunch/Aftercare: \_\_\_\_\_

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.

FTCNS strives to be a diverse and integrated preschool that brings families from different backgrounds together. Our work towards this goal may be a factor used by FTCNS to determine financial aid awards. Some elements that may be considered include how a class of students reflects our community, how welcoming the school is to groups typically under-represented in private schools, and whether the school experience can be provided to those who can't afford it.

Other factors considered in determining aid awards include: the number of class and auxiliary program 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; and the number and nature of requests we get in a given year.

	Financial Aid Application Due	Financial Aid Award Notification
<b>Returning Family</b>	Friday, February 14, 2020	Wednesday, February 19, 2020
<b>New Family</b>	Friday, March 13, 2020	Wednesday, March 18, 2020

Financial aid applicants are required to include a copy of the first and second pages of their 2019 tax return. Parents/guardians filing separately must submit all tax returns. If your 2019 tax return is not ready, please estimate your income level now and submit your 2019 tax return by April 15, 2020. Awards made without income verification may increase or decrease once verification is provided. Submitting this application means only that you will be considered for aid, which is awarded at the sole discretion of FTCNS.

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 childcare. More information can be found at: [www.dhs.state.il.us/page.aspx?item=30355](http://www.dhs.state.il.us/page.aspx?item=30355)

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 \$31,000/year for a family of 2 to \$64,000/year for a family of 6) for their family size.

Would you like help applying for CCAP?  yes  no  maybe

Please disclose your range of 2019 household Adjusted Gross Income (PRIOR to itemized or standard deductions as defined on the federal tax form 1040, line 8b). **2019 Adjusted Gross Income Level:** \_\_\_\_\_

2019 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: \_\_\_\_\_

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: \_\_\_\_\_

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 additional information as necessary.

**Siblings/Dependents**

Do any siblings or other dependents live with you?

# of siblings/dependents: \_\_\_\_\_

Ages of siblings/dependents: \_\_\_\_\_

**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: \_\_\_\_\_

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:

- job loss       medical payments       other debts/obligations (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. Examples are job loss, medical crisis/health care bills, caring for an aging relative, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do your financial circumstances for the coming school year differ from the information on your tax return? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email applications and 2019 tax returns to [businessmanager@ftcns.org](mailto:businessmanager@ftcns.org) or mail to Kate Brenner, Business Manager, FTCNS, 1500 W. Elmdale Ave., Chicago, IL 60660.