Applying for Tuition Assistance

The Decision Process: The Tuition Assistance Committee evaluates all applications on the basis of financial need, particular family circumstances, and diversity at the school. All applications are confidential and will be reviewed only by members of the Tuition Assistance Committee of A Child's Garden. Tuition assistance allocations will be determined without regard to race, sex, handicap, color, religion, or national origin.

Tuition Assistance Deadlines during current family registration process: In January of each year, information about registration and tuition assistance for the next year is available. Deadlines for the application process are as follows:

January 18	Applications are available at the office and online
April 15	Deadline for submission of completed applications

Prior to May's tuition deadline, allocations will be confirmed.

Applications received after current family registration process will be given separate deadlines.

Incomplete applications cannot be processed

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION:

☐ Cover letter: This should be a narrative that would describe in detail the circumstances that have motivated you to apply for tuition assistance. Please include exceptional expenses such as medical expenses, parental school tuition, etc. and events that otherwise limit your ability to regularly pay tuition.

☐ A copy of your current (2021) IRS Tax Return with the W2's attached (If excused from filing, please attach statements from IRS excusing payment)

☐ If income has changed significantly from income reflected in tax return, submit copies of check stubs, statements, etc. verifying all sources of household income for the last two months.

☐ All Social Security or other sources of income documentation if applicable

Questions: If you would like more information about the ACG Tuition Assistance Program, please call the office at 764-2920 or email A Child's Garden achildsgarden@firstpresabq.org.

Tuition Assistance Application

Academic Year_____ to_____

AID REQUESTED

| Name | DOB | Schedule/Tuition Amount | Assistance Requested |

Child #1 _____

Child #2 _____

Child #3 _____

Child(ren) listed above reside with: _____

Parent/Guardian #1 _____ Marital Status_____

Address: _____

Telephone (home) _____ work _____ cell _____

Email Address _____

Employer/Occupation_____

Parent/Guardian #2 _____ Marital Status _____

Address if different then above: _____

Telephone (home) _____ work _____ cell _____

Email Address _____

Employer/Occupation _____

Other Members of the Household:

Name	Relationship

Total number of persons in the household _____

Please Answer the Following Questions

1. Do you own a house or rent? ☐ Rent ☐ Own   Amount paid per month _____

2. Do you receive child support? ☐ Yes ☐ No   Amount per month_____

3. Does your household receive any other additional income/support? ☐ Yes ☐ No
   If yes, please list types and amounts below:

_____

_____

Fill in below the make, model and year of your automobile(s).

Make: _____ Model: _____ Year: _____ Monthly Payment _____

Make: _____ Model: _____ Year: _____ Monthly Payment _____

Please note: The above information and documentation is required from all parent(s)/guardian(s) including never married, separated, divorced, non-custodial and step-parents.

Have you applied for any other childcare assistance programs? ☐ Yes ☐ No

If yes,

    What _____

    Where _____

    Outcome of application(s)_____
    _____

Is the amount you have requested for tuition assistance a determining factor in whether your child(ren) can attend ACG? ☐ Yes ☐ No

I certify that the information included in this application and any attached documents are true and accurate. I understand that the information is being given for the award of tuition assistance for the above named child. I give my permission for Director of ACG or her designee to verify the information in this application. I understand that the verification process may result in a denial or reduction of the tuition assistance awarded and that deliberate misrepresentation of the information on this application may result in a denial of a scholarship and prosecution for the repayment of any aid received.

_____
      Parent/Guardian Printed Name 1   Signature   Date

_____
      Parent/Guardian Printed Name 2   Signature   Date

<mark>**All legal parents/guardians are required to sign this application.**</mark>

DON'T FORGET TO ATTACH REQUIRED DOCUMENTATION. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

Date Received by ACG: _____