

## **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 17, 2023**

Applications are available at the office and online.

**April 15, 2023**

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 (2022) 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.

If you would like more information about the ACG Tuition Assistance Program, please call the office at 505-764-2920 or email [achildsgarden@firstpresabq.org](mailto:achildsgarden@firstpresabq.org).

**Tuition Assistance Application**

Academic Year \_\_\_\_\_ to \_\_\_\_\_

**AID REQUESTED**

Name	DOB	Schedule/Tuition Amount	Assistance Requested
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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 than 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      Monthly Amount: \_\_\_\_\_

2. Do you receive child support?       Yes    No      Monthly Amount: \_\_\_\_\_

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

4. 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 parents/guardian(s), including never married, separated, divorced, non-custodial, and stepparents.**

**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(ren). I give my permission for the Director of ACG or their 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

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

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

Date Received by ACG: \_\_\_\_\_