

1/2021



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 12 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 (2020) 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

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Tuition Assistance Application

A Child's Garden

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 _____

Employer/occupation _____

Other members of the household:

Name	Relationship	Name	Relationship
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Total number of persons in the household _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you own a house or rent? – (circle one) Amount paid per month _____

2. Do you receive child support? _____ Amount per month _____

3. Does your household receive any other additional income/support? _____

If yes, please list types and amounts below:

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

Make: _____ Model: _____ Year: _____ _____

Make: _____ Model: _____ Year: _____ _____

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 CHILD CARE ASSISTANCE PROGRAMS?

____ YES
What _____

Where _____

Outcome of application(s) _____

____ NO

Is the amount you have requested for tuition assistance a determining factor in whether your child(ren) can attend ACG? _____

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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.

Date: _____

Signature _____ /Signature _____

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

Date Received by ACG: _____

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.

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