

**Clinton Early Learning Center
Financial Aid Guidelines**

***All information will be kept confidential.
This form must be returned with the registration information
if you wish to apply for aid.***

Father's Name _____ Mother's Name _____
 Father's Address _____ Mother's Address _____
 City, St, Zip _____ City, St, Zip _____
 Telephone _____ Telephone _____
 E-mail _____ E-mail _____

Other person(s) financially responsible for your child _____

If parents are separated or divorced, who has custody of this child? _____

Number of people in the household where child resides a majority of the time? _____

	Father	Mother/Other	Total
Adjusted Gross Income*	_____	_____	_____
Federal Income Tax	_____	_____	_____
Self-employment Tax	_____	_____	_____
State Income Tax	_____	_____	_____
Total Taxes	_____	_____	_____
Net Income	_____	_____	_____
(Adjusted GrossIncome taxes)_____	_____	_____	_____
 Total Net Income	 _____	 _____	 _____

Allowances:

Number of children enrolled at the center? _____

Are you a single parent? _____ Employed? _____ Full-time student? _____

If a 2-parent home, is either parent currently enrolled as a full-time student? _____

*from latest Federal Tax Return. If necessary, other evidence of annual income may be substituted

Are there any unusual circumstances that you wish to bring to the attention of the Financial Aid Committee (i.e. other children in childcare or college, or a change in circumstances since preparation of the latest tax return)? _____

Please state your estimate of need. _____

I affirm under penalties of perjury that the above is a true and accurate statement of my financial situation.

Parent's Signature _____ Date _____

Please send this form, a copy of your latest Federal and State Tax returns, and W-2 forms along with your registration information.