



The Frazer Center Child Development Program 2016-17 Financial Aid Application

The Frazer Center Child Development Program is able to offer a limited amount of financial aid to families in need. Financial Aid applications are considered by the Financial Aid Committee in the order in which they are received. The following factors are considered by the Committee in determining eligibility for financial aid awards:

- Percent below/above 2x the Federal Poverty Level based on household size
- Unusual medical, therapeutic, or other expenses
- Employment status

Before applying for financial aid from Frazer Center, a family must have completed an application to Georgia CAPS (Childcare and Parent Services) for a childcare subsidy.

To apply for financial aid, please submit a completed application and the documents listed below to the Director of Finance and Administration. **Applications must be complete to be considered.**

Please complete and turn in the following items to apply for financial aid:

- ✓ Completed Financial Aid Application
- ✓ Copy of your 2015 federal income tax return and supporting schedules, including all W-2s and 1099s
- ✓ Copies of last two pay stubs or paychecks for each working parent
- ✓ Copies of proof of other income such as SSI or disability income letter, child support payments, etc.
- ✓ Copy of communication received from Georgia CAPS (Childcare and Parent Services) in response to completion of an online application. You may also submit the communication you received approving or denying CAPS subsidy. More information on applying to Georgia CAPS can be found at www.compass.ga.gov/selfservice/
- ✓ Letter explaining your need for financial aid and any extenuating circumstances.

*** Financial aid is awarded for one school year only. You must apply every year if assistance is needed. Awards are based on many factors, including availability of financial aid funds. ***

Parent(s): _____

Child(ren):

Phone Number(s): _____

Email Address: _____

Confidentiality Agreement:

Unless required by force of law, The Frazer Center will not release personal information concerning any child or parent to any person without the documented consent of the individual, or parent, or legal guardian of that individual, who is the subject of the information.

Family Financial Information

Please list the names of all children for whom you are applying for financial aid.

Child's Name (1)	Date of Birth:
Sex:	Special Needs: Yes No
Child's Name (2)	Date of Birth:
Sex:	Special Needs: Yes No
Child's Name (3)	Date of Birth:
Sex:	Special Needs: Yes No

Please check the box next to the address where the child(ren) lives:

Parent/Guardian #1:	Place of Employment / Title:
Home Address: <input type="checkbox"/>	Annual Salary:
City, Zip:	Cell #
Home #:	Email Address:

Parent/Guardian #2:	Place of Employment / Title:
Home Address: <input type="checkbox"/>	Annual Salary:
City, Zip:	Cell #
Home #:	Email Address:

Please list ALL persons living at your address:

NAME	RELATIONSHIP TO PARENT	DATE OF BIRTH

Please complete the following items regarding your household. Please enter zero if the answer is zero.

Current Income and Assistance

Gross Monthly employment income (before taxes and deductions):	
Housing Assistance:	
Food Stamp Program:	
SSI or Veteran's Assistance:	
Temporary Assistance for Needy Families (TANF):	
Child Support or Alimony:	
Other Financial Assistance (from relatives, etc)	
TOTAL MONTHLY INCOME/ASSISTANCE:	

Childcare Information

Do you receive childcare assistance through any other program (CAPS, etc.)? If so, please list program and amount.	
What is your monthly tuition payment at most recent childcare facility? If you utilized a nanny or babysitter instead of a childcare facility, please indicate your monthly payment.	Name of facility: \$ _____ per week / month (circle one) Nanny/babysitter: \$ _____ per week / month (circle one)

Assets:

Total contributed to retirement plans during previous year - IRA, 401(k), etc.	\$
Total amount of savings / investments	\$
Do you own a home? If you own a home, current market value of your home.	yes / no – circle one \$
Current value of any non-leased vehicles (based on kbb.com or Edmunds.com)	Vehicle 1 - \$ Vehicle 2 - \$

Expenses:

Monthly apartment / house rent payment	\$
Monthly mortgage payment (including principal and interest)	\$
Monthly lease payment on vehicle	\$
Monthly car payment (for non-leased vehicles)	\$
Total donations during previous calendar year (charity, church, etc).	\$

Liabilities:

Mortgage balance (if own a home)	\$
Amount owed on non-leased vehicles	Vehicle 1 - \$ Vehicle 2 - \$
Other outstanding debt (describe below)	\$

FINANCIAL AID

Amount you can contribute to tuition each month.	\$
Monthly financial aid requested	\$

Financial Aid Application Agreement

In applying for Financial Aid from the Frazer Center, I agree to the following:

I understand my child(ren) should attend the program regularly. Chronic absenteeism without medical or other reasonable explanation may cause any financial aid award to be revoked.

I certify that all information contained in this financial aid application, my supporting documents, and letter explaining need for financial aid is true and correct to the best of my knowledge. Additionally, I will notify the Director of Finance and Administration of any changes in my family's employment/financial situation within 30 days of the change. Misinformation may cause any financial aid award to be revoked.

Parent/Guardian Name (Print): _____ Signature: _____

Parent/Guardian Name (Print): _____ Signature: _____

Date: _____