Child/Children's Name(s): _____

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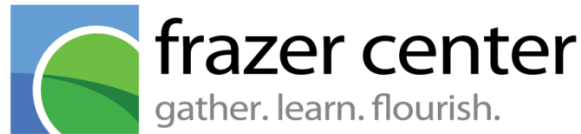
The Frazer Center Child Development Program
2017-18 Financial Aid Application

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 (m.beskind@frazercenter.org)

Applications will not be considered by the Financial Aid Committee if ANY of following items are incomplete or are missing.

____ Completed Financial Aid Application

____ Copy of your 2016 federal income tax return with all 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.

Please note 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.

Confidentiality Policy
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 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

Parent / Guardian #1

Name:	Employer
Home Address:	Job Title
City, Zip:	Annual Salary, including overtime $
Email Address:	Cell #

Parent / Guardian #2

Name:	Employer
Home Address:	Job Title
City, Zip:	Annual Salary, including overtime $
Email Address:	Cell #

List all people living at your address, including adults:

NAME	DATE OF BIRTH

FINANCIAL INFORMATION

Please complete all items. If an item below doesn't apply to you, enter zero.

Monthly Assistance

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)	$

Current Childcare Information

Do you currently receive childcare assistance through any program (CAPS, etc.)?	Program Name: Amount: $ _____ per week/month/year (circle one)
Current childcare cost	Amount: $ _____ per week/month/year (circle one) Name of Childcare Facility or Provider:

Assets

Total contributed to retirement plans during previous year - IRA, 401(k), etc.	$
Total amount of savings / investments	$

Housing

Do you own a home?	yes/no (circle one)
If you own a home, what is the current market value of your home?	$
What do you owe on your home (current mortgage balance)?	$
Do you own a second home?	yes/no (circle one) If yes, what is the address?
If you own a second home, what is the current market value of your home?	$
If you own a second home, what do you owe on your home (current mortgage balance)?	$
Monthly rental income on your second home, if any.	$

Do you lease/rent your home/apartment?	yes/no (circle one)
What is your monthly lease / rent payment?	$

Other Property Information

Do you own any property not listed above? If so, please list address and current market value.	

Vehicles - Owned

Do you own any automobiles (non-leased)?	yes/no (circle one)
Vehicle **#1**	Make / Model / Year:
Current market value of **vehicle #1** (based on kbb.com or ebmunds.com)	$
What do you owe on **vehicle #1**?	$
Monthly loan payment on **vehicle #1**	$

Vehicle **#2**	Make / Model / Year:
Current market value of **vehicle #2** (based on kbb.com or Edmonds.com)	$
What do you own on **vehicle #2?**	$
Monthly loan payment on **vehicle #2**	$

Vehicles - Leased

Do you lease any Vehicles?	yes/no (circle one)
Vehicle **#1**	Make / Model / Year:
Monthly lease payment	$
Vehicle **#2**	Make / Model / Year:
Monthly lease payment	$

Vehicles – Other Information

Do you own or lease any vehicles not listed above? If so, please explain.	

Other Information

Total cash donations during previous calendar year (charity, church, etc.)	$
Outstanding debt other than home and car listed above (describe below)	$

FINANCIAL AID REQUESTED

Amount you can contribute to your family's tuition each month.	$

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: _____