

2007-2008 FINANCIAL AID APPLICATION

HAND IN HAND

1. Child's Name _____

Full Address _____

Home Phone _____

Date of Birth _____

SSN _____

Daycare/Preschool

Last attended _____

2. Father's Name _____

Address _____

Home Phone _____

Work Phone _____

Place of Employment _____

Work Address _____

Position _____

SSN _____

3. Mother's Name _____

Address _____

Home Phone _____

Work Phone _____

Place of Employment _____

Work Address _____

Position _____

SSN _____

4a. With whom does child live? _____

4b. Who is responsible for fees? _____

5. Do you have other children at Hand In Hand?

Yes No

6. If answer to #5 is yes, please state names and dates of birth _____

7. Do you have other dependent children?

Yes No

8. If answer to #7 is yes, please specify names, ages, and school: (Please include other children enrolled in Hand In Hand).

9. Do you support any persons other than children (parents, grandparents)?

Yes No

10. If so, how many other dependents? _____

(These persons must be claimed as dependents on your tax return).

11a. Do you own your own home?

Yes No

11b. Estimated Market Value of Family home _____

11c. How much do you owe on your mortgage? _____

12. Please list all bank accounts and current balances: _____

13. Please list all automobiles you own and amount owed: _____

14. List any other assets you own and their value

15. Father's Monthly Gross Income _____

16. Mother's Monthly Gross Income _____

17. Other monthly income (including alimony, SSI, interest, dividends, rent, etc.) _____

18. Total Income (15+16+17) _____
(If parents are divorced, only include income from responsible parent plus relevant child support).

19. Below please list all monthly expenses:

Rent/Mortgage Payment _____

Car Payment _____

Food _____

Utilities _____

Insurance _____

Clothes _____

Credit Cards _____

Medical/Drugs _____

Other _____

Total Monthly Expenses _____

(attach additional sheet if needed)

20. Amount of Financial Aid Per Month Requested

21. Have you applied for financial aid (SCCP) through the Jefferson County Child Development Council?
_____. If yes, how much will you receive weekly? _____

22. Number of days per week requested at Hand In Hand. _____

Attach copies of:

1. Your completed 2005 and 2006 Federal Tax Form (Form 1040 and all schedules)
2. Copies of all W-2 and 1099 forms
3. Two most recent bank statements
4. Documentation of status of Jefferson County Child Development Council application (see #21).

Do not send copies of Alabama State Tax forms.

Please use the remaining space for any additional relevant information concerning the fee subsidy. (Attach additional sheet if needed.)

Signature

Date

YOUR APPLICATION WILL NOT BE PROCESSED IF ALL REQUIRED DOCUMENTATION IS NOT ATTACHED!