

**2010-2011 FINANCIAL AID APPLICATION**

**HAND IN HAND**

1. Child's Name \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Daycare/Preschool

Last attended \_\_\_\_\_

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2. Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Position \_\_\_\_\_

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3. Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Position \_\_\_\_\_

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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).**

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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)

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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 2008 and 2009 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.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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