

SEESAW CHILDREN'S PLACE

APPLICATION FOR FEE MODIFICATION

The information obtained in the application is confidential office information

This form **MUST** be signed by a NOTARY with NOTARY SEAL

The individual named below has applied to receive from this office. Verification of income from all sources in the household is required. All information must be completed to the best of your ability to avoid disqualification of the application.

NOTE: Registration & Supply Fees are not discounted through this scholarship

NAME: _____ DATE: _____

ADDRESS: _____ CITY / ZIP : _____

SOCIAL SECURITY: _____ TELEPHONE: _____

MARITAL STATUS: (circle one) SINGLE MARRIED DIVORCED

Place of Employment: _____ Position: _____

Telephone: _____ Address: _____ City / State/Zip: _____

How long employed: _____ Hours work weekly _____ Overtime? Yes no occasionally

Are you attending college, GED or other training? _____ If so, define & hours daily: _____

Will there be any changes in the next few months? _____

List **ALL PERSONS** living in your household other than the children listed above (*include yourself*)

NAME: _____ AGE: _____ MONTHLY INCOME: _____

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TOTAL # IN HOUSEHOLD: _____ TOTAL MONTHLY INCOME: _____

APPLICANT MUST PROVIDE COPIES OF LAST 3 PAY STUBS FOR EACH WAGE EARNER & A COPY OF YOUR LAST YEARS INCOME TAX RETURN (1040 FORM)

VERIFICATION OF BENEFITS AND OTHER INCOME (*List monthly amount*):

WE ARE REQUIRED TO HAVE WRITTEN VERIFICATION FOR AMOUNTS NOTED

Child Support: _____ AFDC: _____ Social Security: _____

Food Stamps: _____ Unemployment: _____ Low Income Housing: _____

Other: _____ Explain: _____

How did you hear about our care? _____

Have you received Financial Aide from us in the past? _____ If so, when? _____

What organizations have you received help from in the past? _____

What childcare did you use before? _____

What are the main reasons you need to receive Financial Aide for childcare? _____

BOTH QUESTIONS MUST BE ANSWERED:

ETHNICITY: (CHOOSE ONE) _____ Hispanic or Latino _____ Not Hispanic or Latino

RACE (CHOOSE ONE)

_____ White

_____ Asian

_____ Asian and White

_____ Other Multi-Racial

_____ Black or African American

_____ Black or African American and White

_____ Native Hawaiian or other Pacific Islander

_____ American Indian or Alaska Native

_____ American Indian or Alaska Native and White

_____ American India or Alaska Native and Black or African American

HOUSEHOLD COMPOSITION

List all household members residing in the home (include yourself)

Name	Social Security #	Relationship to Applicant	Birthdate	Male / Female

INCOME

Income for every household member must be reported. You will be required to submit latest income tax records.

Name	Place of Employment	Address/Telephone #	Salary Hr Wkly Mthly	Years Employed

INCOME OTHER THAN WAGES AND ASSETS

List the amount of any of the following income received by any person in the household.

ALL INCOME AND ASSETS MUST BE REPORTED

Name of Person Receiving Benefit	Type of Benefit	Amount - Weekly/Monthly
	V.A.	
	Pension / Retirement	
	Social Security / SSI	
	Unemployment Compensation	
	AFDC	
	Child Support	
	Earned Interest / Income from assets	
	Other Income	

The following applicant has authorized this office to obtain and verify any income sources necessary for the process of this request. PENTALTY FOR FALSE OR FRAUDLENT STATEMENT; U.S.C TITLE 18, Sec. 1001 Provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsified...or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."

Signature: _____

Date: _____

MUST be signed in the presence of a Notary Officer

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to award the applicant with scholarship.

Signed: _____

Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____