

## Commerce Children's Center Association Tuition Assistance Application

**Instructions:** Please complete all blocks on this application (two sided) and return it in a sealed envelope to the Tuition Assistance Committee c/o Commerce Children's Center, mail code CCC-123. Attach copy of income portion of your most recent tax return (e.g. front page of form 1040-A or 1040EZ), and a copy of the most recent pay statements for all jobs and income for each applicant and spouse. This information is needed solely to verify gross family income. It will not be copied or shared, and will be returned to you if requested.

Name of Applicant	Spouse's Name (if applicable)		
Telephone Number Work: Home:	Telephone Number Work: Home:		
Home Address	Home Address		
Employer Name:  DoC Agency or Affiliate Organization:	Spouse's Employer (Name and Address)		
Position Title:  Federal Contact Person and Phone#:	Position		
Gross Annual Salary  \$ _____ / year	Gross Annual Salary  \$ _____ / year		
List all other income sources (include child support, social security, regular interest payments, income from additional jobs, and any other income):			
<p>Check one:</p> <p><input type="checkbox"/> Child(ren) is/are currently attending Commerce Children's Center (CCC)</p> <p><input type="checkbox"/> Child(ren) will be attending CCC starting _____</p>			
Please provide information on child(ren) below:			
<u>Child's name &amp; birth date</u>	<u>Anticipated Start Date</u>	<u>Child's Classroom Assignment as of Sept 1</u>	<u>Attending # of Days per Week</u>
1.			
2.			
3.			

**Certification**

I certify that the information on this disclosure form is complete and accurate to the best of my knowledge. If my family's gross income changes by more than \$500 per month or the number of my children enrolled at the CCC changes, I will provide the Tuition Assistance Committee with updated information within two weeks. I can get current assistance guidelines and a new application from the Center Director.

I understand that all awards are contingent on availability of funds and the decision of the Tuition Assistance Committee is final. I also understand that I must reapply for aid in July.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature (is applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date