

CEF Kids' Care Financial Aid Application

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CEF Financial Aid and ASES Program

This form is used for CEF Financial Aid and ASES program applications. **Enrollment in financial aid programs is not guaranteed.** The ASES program is available only at Buena Vista and Jefferson Elementary Schools. CEF has very limited funds for financial aid. The monthly assistance given is usually between \$25.00 and \$50.00 per child that qualifies.

Third Party Information

You must apply for third party assistance directly with an outside agency. Please see our Third Party Information Sheet for the appropriate contact number.

Please note: Financial Aid **will not** be considered if the application is not complete or if required financial documentation is not submitted with this Financial Aid Application. **It is not our responsibility to contact you if your application is not complete.**

Child _____ School _____ Parent phone _____ - _____ Date ____/____/____

Please check the box that best matches your situation.

I am seeking financial aid for Kids' Care tuition because:

My total family income is less than \$42,000. **(For each parent, please attach copy of last pay stub.)**

My personal salary is less than \$30,000 and I do not receive child support or child support payments on time. **(Please attach copy of last pay stub and other sources of income and describe on reverse. If child support payments are not received on time, please explain circumstances.)**

I have recently been laid off work. **(Please attach copy of last pay stub and describe on reverse.)**

I am a student. **(Please attach proof of enrollment in current semester and copy of all sources of income.)**

I have an unplanned family circumstance that makes childcare necessary, although I do not work outside the home. **(Please describe on reverse and attach relevant documentation, such as a recently dated physician's note.)**

Due to extreme unforeseen circumstances (such as natural disaster affecting property or prolonged deployment for National Guard), I find the Kids' Care tuition temporarily unaffordable. **(Please describe on reverse.)**

Other (Please explain. **Describe on reverse if needed.**)

Adults (18 years and older) living in home:

Name(s):

Employed by:

Children living in home:

Name(s)

Age

Total Gross Monthly Income – (Please remember to attach financial documentation)

Monthly Wages from all contributing adults: \$ _____
 (Average of 4 weeks gross income = one week x 4.3)

+ Child support/alimony received: _____

+ SSI/SSDA: _____

+ Other (specify): \$ _____

- (minus) Child support/alimony paid: \$ _____

Total Gross Monthly Income: \$ _____ Family size _____

Please supply the following monthly figures for your family’s personal expenses:

\$ _____.	Kids’ Care tuition	\$ _____.	food
\$ _____.	rent/mortgage	\$ _____.	credit debt
\$ _____.	gas and electric	\$ _____.	clothing
\$ _____.	telephone	\$ _____.	entertainment
\$ _____.	cable	\$ _____.	car payment
\$ _____.	child support owed	\$ _____.	gas
\$ _____.	college tuition	\$ _____.	other (describe)

The above information is true and accurate as of the date of application. I also agree to notify Kids’ Care of any change in income, expenses, or family conditions noted on this application. I understand that providing false information or a failure to notify Kids’ Care of substantive changes in the information provided in this application may result in the cancellation of assistance and reimbursement to Kids’ Care for all assistance provided. Financial Aid recipients will be notified via mail, if approved.

Signature of applicant: _____ Date: _____