



**Clinton Early Learning Center  
Financial Aid Application**

***This form must be returned with each Application for enrollment and your most recent tax returns and W-2. Financial aid applications will not be considered without additional paperwork.***

\*All information will be kept confidential.

Father's Name	Mother's Name
Father's Address	Mother's Address
City, St, Zip	City, St, Zip
Telephone	Telephone
E-mail	E-mail

Other person(s) financially responsible for your child \_\_\_\_\_

If parents are separated or divorced, who has custody of this child? \_\_\_\_\_

Number of people in the household where child resides a majority of the time? \_\_\_\_\_

	Father	Mother/Other	Total
Adjusted Gross Income*	_____	_____	_____
Federal Income Tax	_____	_____	_____
Self-employment Tax	_____	_____	_____
State Income Tax	_____	_____	_____
Total Taxes	_____	_____	_____
Net Income	_____	_____	_____
(Adjusted Gross Income taxes)	_____	_____	_____

Total Net Income \_\_\_\_\_

Allowances:

Number of children enrolled at the center? \_\_\_\_\_

Are you a single parent? \_\_\_\_\_ Employed? \_\_\_\_\_ Full-time student? \_\_\_\_\_

If a 2-parent home, is either parent currently enrolled as a full-time student? \_\_\_\_\_

Do you own your home or rent? \_\_\_\_\_ Monthly payment \_\_\_\_\_

Are there any unusual circumstances that you wish to bring to the attention of the Financial Aid Committee (i.e. other children in childcare or college, or a change in circumstances since preparation of your latest tax return.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVER

I affirm under penalties of perjury that the above is a true and accurate statement of my financial situation.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form, a copy of your latest Federal and State Tax returns, and W-2 forms along with your registration information.**