

SAMPLE  
**Child Care Tuition Assistance Application Form**  
**Department X**

The (insert name of organization administering the program) may contact the applicant to request clarification on the tuition assistance application. You must attach the following documents:

1. Pay statements for the most recent 2 pay periods for each parent or guardian;
2. A copy of your most recent Federal and State income tax returns; and
3. A copy of your child care provider's most recent license or statement of compliance with State and/or local child care regulations.

**Applications that are not fully completed or do not contain the information listed below will not be processed and will be returned to the applicant. If you do not provide all of the information requested, you will not receive a tuition assistance award. When more than one parent works for the Federal Government, tuition assistance cannot be awarded for the child/children by more than one Federal agency.**

**Mother/guardian:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer's Name and Address:**

**Work Phone:** \_\_\_\_\_ **Grade (if Federal):** \_\_\_\_\_

**Father/guardian:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer's Name & Address:**

**Work Phone:** \_\_\_\_\_ **Grade (if Federal):** \_\_\_\_\_

Application is being made for tuition assistance for:

Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly tuition cost: \_\_\_\_\_

Enrolled now? \_\_\_\_\_ Will be enrolled. Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care home \_\_\_\_\_

Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly tuition cost: \_\_\_\_\_

Enrolled now? \_\_\_\_\_ Will be enrolled. Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care home \_\_\_\_\_

Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly tuition cost: \_\_\_\_\_

Enrolled now? \_\_\_\_\_ Will be enrolled. Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care home \_\_\_\_\_

Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly tuition cost: \_\_\_\_\_

Enrolled now? \_\_\_\_\_ Will be enrolled. Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care home \_\_\_\_\_

**Family Income:**

Gross annual salary of mother or guardian: \$ \_\_\_\_\_

Gross annual salary of father or guardian: \$ \_\_\_\_\_

Total gross family income (as reported on most recent IRS tax return):

\$ \_\_\_\_\_

**State/County/Local Subsidies:**

Do you currently receive any tuition assistance from State/County/local child care subsidy funds? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, from what source? \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

What is the weekly amount? \$ \_\_\_\_\_

List the amount and name of each child for whom you receive the State/County/local subsidy:

Name of child: \_\_\_\_\_ Daily subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_ Daily subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_ Daily subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_ Daily subsidy amount: \$ \_\_\_\_\_

**I/We state that everything we have stated in this application is true and correct to the best of our knowledge. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from Department X. I/We further agree to inform \_\_\_\_\_ within 10 days if any of the above information**

**Name of Organization**

**changes. I/We understand that application for tuition assistance is made on a first-come, first-served basis. I/We understand that failure to inform \_\_\_\_\_**

**Name of Organization**

**of any changes in status may jeopardize our chances of receiving tuition assistance through Department X's tuition assistance program.**

**Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Attached:**

- 1. Pay statements for the most recent 2 pay period for each parent or guardian.**
- 2. Most recent Federal and State income tax forms.**
- 3. Provider's most recent license or statement of compliance with State and/or local regulations.**

**Privacy Act Statement**

Public Law 106-58, Section 643 (September 29, 1999) confers regulatory authority on OPM for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers will be for identification purposes in determining eligibility for child care tuition assistance. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.