



The Children's Education Center of the Islands Financial Assistance Application

CECI provides scholarships to eligible families using a sliding scale and is based on family income, household size, and special circumstances. To assist in our review, please provide the following:

1. Copy of most recent pay stub for the last 4 pay periods
2. Copy of most recent W-2
3. Copy of most recent tax return with social security numbers blacked out
4. Proof of filing for child support, if applicable
5. Proof of health insurance payment
6. A valid Florida Driver's License, ID card, or Voter's Registration Card showing current local address

***Additional information may be required by the Financial Assistance Committee to process your application.**

APPLICATION MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTS ATTACHED

Parent/Guardian _____
Street Address: _____

Email: _____
Cell Phone: _____
Work Phone: _____

| | | | |
|--|------|-----|---|
| Are you a client of FISH? | yes | no | Services Received: _____ |
| Do you reside in CHR? | yes | no | Monthly Amount: \$ _____ |
| Do you currently own or rent your residence? | rent | own | Monthly Rent or Mortgage Amount: \$ _____ |
| Do you receive SNAP Benefits? | yes | no | Monthly Benefit Amount: \$ _____ |
| Do you receive TANF Benefits? | yes | no | Monthly Benefit Amount: \$ _____ |
| Is there a court order for child support? | yes | no | |

Case# _____ State: _____ County: _____ Date Ordered: _____

| | | | |
|--|-----|----|-----------------------------------|
| Do you receive child support? | yes | no | Monthly Support Amount: \$ _____ |
| Is there a court order for shared child care expenses? | yes | no | Court Ordered Amount/ %: \$ _____ |

DO YOU RECIEVE:

| | | | |
|---|-----|----|--------------------------|
| Social Security Benefits | yes | no | Monthly Amount: \$ _____ |
| Pension | yes | no | Monthly Amount: \$ _____ |
| Spousal Support | yes | no | Monthly Amount: \$ _____ |
| Foster Care Payments | yes | no | Monthly Amount: \$ _____ |
| Workers' Compensation | yes | no | Monthly Amount: \$ _____ |
| Unemployment Compensation | yes | no | Monthly Amount: \$ _____ |
| Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.? | yes | no | Monthly Amount: \$ _____ |
| Any other financial assistance? | yes | no | Monthly Amount: \$ _____ |
| From whom? | | | |

SUBTOTAL: \$ _____

Federal Income Tax Return Income: \$ _____

Federal Income Tax Return Refund Amount \$ _____

Total Household Annual Income: \$ _____

Financial Assistance Agreement

Please initial each paragraph and sign at the bottom of the page as an understanding and acknowledgment of our Financial Assistance Program.

_____ I understand that applications are reviewed twice a year (August and December) and scholarships are granted for only one school semester (August to December and January to May).

_____ I understand that any amount of financial assistance received will go directly toward the payment of my child's preschool tuition payment. It is expected that my child's preschool attendance will be 90%. If attendance does not meet 90% for your chosen days and the absences are unexcused (examples of excused absence-child illness, family crisis) this may result in the loss of your scholarship and those funds may be reassigned to another family.

_____ I understand that any payments I am responsible for must be made on time. Late payments may lead to a loss of financial assistance.

_____ I swear and affirm that the foregoing representations are true and correct to the best of my knowledge. I will report any change in my financial circumstance within 10 days, in writing documentation, to the Director of the Children's Education Center of the Islands. False reporting or lack of reporting may result in the discontinuation of assistance. Continued eligibility is conditioned upon the program payments being current.

Applicant (Print Name)

Signature

Date

Applicant (Print Name)

Signature

Date