



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 _____

Email: _____

Street Address: _____

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?	yes	no	
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:			\$_____

List the names of all persons living in the household, (income tax returns required for each person over 18 years):

First & Last Name	Relationship to head of household	Sex	DOB	Employed/Retired/Disabled/Student

Does anyone in your household own a car? Yes No

Make & Model of Car: _____ Year: _____ Monthly Payment:\$ _____ Insurance:\$ _____

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Do you own any real estate? Yes No

If yes, please provide the address: _____

Have you sold, transferred, or given away any real property or assets in the last three (3) years? Yes No

If yes:

Date of sale/transfer:	Month/Year: _____
Amount of the sale/transfer	\$ _____
Value of the sale/transfer	\$ _____

Other than the information provided in this application, please list any special circumstances to be considered.

[illegible]

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