



## Tuition Assistance Application 2024

### Personal Information:

Child's Full Name:	
Birthdate:	Age as of Jan 1, 2024:
Parent/Guardian's Name:	Relationship to Child:
Mailing Address:	Phone #:
Email:	Preferred Language:

### Household/Financial Information:

HOUSEHOLD INFORMATION	Annual Family Income Level
Number of People in home supported by family income _____ Do you own or rent your home? <input type="checkbox"/> Yes - Own <input type="checkbox"/> Yes - Rent <input type="checkbox"/> No, I do not own/rent my own home. My child and I currently reside: <input type="checkbox"/> In a motel/shelter/transitional housing <input type="checkbox"/> Moving from place to place <input type="checkbox"/> Temporarily living with another person due to economic hardship <input type="checkbox"/> In a residence w/ inadequate facilities (no water, heat, electricity) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 to \$20,000 <input type="checkbox"/> \$20,000 to \$30,000 <input type="checkbox"/> \$30,000 to \$40,000 <input type="checkbox"/> \$40,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$60,000 <input type="checkbox"/> \$60,000 to \$70,000 <input type="checkbox"/> More than \$70,000

I understand that (please read and sign that you understand):

- I have been honest about my answers and if requested I can provide documentation to support my answers.
- Filling out this application does not guarantee Assistance but a completed application is required for consideration.
- The Assistance will only apply to early care and learning tuition (0-5 years old).
- The Assistance will be sent directly to your provider/center and you will be responsible for the remaining balance.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Center/Provider Information: (To be completed by Provider/Director)

Center/Provider Name _____
Center/Provider phone #: _____ Center/Provider email: _____
Daily Care Cost _____ Monthly Care Cost _____ Does the child attend Full or Part time (circle one)?
Does this family receive child care assistance through the Idaho Child Care Program (ICCP)? yes/no _____
Signature of Provider/Director _____ Date _____