



Winter 2021

In completing the following application for consideration of financial aid, the information which you supply will be held strictly confidential. It will be available to those individuals who are directly concerned with the granting of financial assistance in this child care program and to no others. If eligible, the completed application will determine the amount of funding through the Edith B. Jackson Child Care Program's Financial Aid Fund.

Please answer all questions as completely as possible. NO application will be considered unless it is complete. **Please submit your most current IRS income tax return (2020) for income verification.** Each application is judged solely on its own merits.

The principles underlying the financial aid are as follows:

- An applicant will only be considered if EBJ believes that the applicant desires sincerely to enroll his/her child in the program.
- The financial aid is limited to a full time space for a child and is not automatically renewable. The applicant must reapply each year.
- The financial aid shall be given only after the need for financial aid has been carefully examined by EBJ and only if the financial aid is available.
- Applications for financial aid shall be made annually.
- All applications shall be considered individually and without regard to religion, race, sex, or national origin.

Every six months during the length of the financial aid, or, if your family's financial situation changes, the Financial Aid Committee along with the Board of Directors of EBJ expects you to supply relevant and current information.

Deadline for this year's **completed** application is Monday, March 5, 2021 (no exceptions) with decisions announced on or before March 31, 2021.

Sincerely yours,  
The EBJ Financial Aid Committee

# EBJ

## Financial Aid Application 2021-2022

Please provide the following information to be considered for reduced tuition. Income verification including your **most recent** (2020) IRS tax return and two consecutive and current pay stubs must be attached.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Number of Family Members in Household \_\_\_\_\_

### Parent/Guardian

### Parent/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Annual Salary \_\_\_\_\_

Annual Salary \_\_\_\_\_

Yale Affiliation \_\_\_\_\_

Yale Affiliation \_\_\_\_\_

*All other income (if any additional):*

Child Support \_\_\_\_\_

Loans \_\_\_\_\_

Fellowships \_\_\_\_\_

Government Assistance (please indicate agency and amount) \_\_\_\_\_  
\_\_\_\_\_

Other income including but not limited to gifts, inheritances, and workman's compensation  
\_\_\_\_\_  
\_\_\_\_\_

**Total Yearly Gross Family Income** \_\_\_\_\_

**Monthly Expenses:**

Home: Own/Rent? \_\_\_\_\_ Mortgage/Rent amount: \_\_\_\_\_

Utility Costs: \_\_\_\_\_

Tuition/Childcare Costs: \_\_\_\_\_

Insurance Premiums(Health, auto, residential) \_\_\_\_\_

Loans (indicate type): \_\_\_\_\_

Other monthly/regular payments: \_\_\_\_\_

**Additional:**

Are there other funds which might be applied to your child's tuition? Please provide details:

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

In view of your financial circumstances as outlined above, what is the minimum tuition assistance that you need?

\_\_\_\_\_

*EBJ reserves the right to seek more information when necessary.*

I hereby certify that the above information is true and complete to the best of my knowledge.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_