



Winter 2018

Dear _____

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 scholarship 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 Scholarship 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 (2017) for income verification.** Each application is judged solely on its own merits.

The principles underlying the scholarship 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 scholarship is limited to a full time space for a child and is not automatically renewable. The applicant must reapply each year.
- The scholarship 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 scholarship 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 scholarship, or, if your family's financial situation changes, the Scholarship 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 12, 2018 (no exceptions) with decisions announced on or before March 31, 2018.

Sincerely yours,
The EBJ Scholarship Committee

EBJ

Financial Aid Application 2018 - 2019

Please provide the following information to be considered for reduced tuition. Income verification including your **most recent** (2017) IRS tax return and two consecutive and current pay stubs must be attached.

Date _____

Child's Name _____

Child's Address _____

Number of Family Members _____

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: _____

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 _____