



**Greenbush Child Caring, Inc.**

620 Columbia Turnpike, East Greenbush, NY 12061

Phone: (518) 477-4125 Fax: (518) 479-4240

www.greenbushchildcaring.org

## TUITION ASSISTANCE GUIDELINES

**Philosophy**

Greenbush Child Caring, Inc. is a not-for-profit agency whose mission is to provide quality school-age child care to those in our community. Tuition Assistance will be available when funds permit to those families who qualify financially. These funds are provided on a first-come, first-served basis and are awarded based on a demonstrated financial need without regard to race, religion, sex or ethnic origin of the applicant.

**Eligibility**

- Financial status must meet the following criteria: (If it does not please do not submit an application.)

| Number in Family | INCOME RANGE         |                      |                      |                      |                      |                      |                      |                      |                      |
|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                  | \$12,500<br>\$15,000 | \$15,001<br>\$17,500 | \$17,501<br>\$20,000 | \$20,001<br>\$22,500 | \$22,501<br>\$25,000 | \$25,001<br>\$27,500 | \$27,501<br>\$30,000 | \$30,001<br>\$35,000 | \$35,001<br>\$40,000 |
| 2                | 30%                  | 27%                  | 25%                  | 22%                  | 20%                  | 18%                  | 15%                  | 10%                  | 0%                   |
| 3                | 40%                  | 37%                  | 35%                  | 32%                  | 30%                  | 28%                  | 25%                  | 20%                  | 10%                  |
| 4                | 50%                  | 47%                  | 45%                  | 42%                  | 40%                  | 38%                  | 35%                  | 30%                  | 20%                  |
| 5                | 60%                  | 57%                  | 55%                  | 52%                  | 50%                  | 48%                  | 45%                  | 40%                  | 30%                  |
| 6                | 70%                  | 67%                  | 65%                  | 62%                  | 60%                  | 58%                  | 55%                  | 50%                  | 40%                  |
| 7                | 80%                  | 77%                  | 75%                  | 72%                  | 70%                  | 68%                  | 65%                  | 60%                  | 50%                  |
| 8                | 90%                  | 87%                  | 85%                  | 82%                  | 80%                  | 78%                  | 75%                  | 70%                  | 60%                  |



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**CONFIDENTIAL TUITION ASSISTANCE APPLICATION**

**Program Information:**

Applying For: (Please check all that apply)

Before-School \_\_\_\_\_ Number of Days \_\_\_\_\_

After-School \_\_\_\_\_ Number of Days \_\_\_\_\_

Summer Camp \_\_\_\_\_ Number of Weeks \_\_\_\_\_

**Applicant Information:**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Widowed

\_\_\_\_\_ Divorced \_\_\_\_\_ Single

\_\_\_\_\_ Separated \_\_\_\_\_ Other

The address of my spouse with whom I am not presently living with is:

\_\_\_\_\_

I receive child support from my spouse in the amount of \$ \_\_\_\_\_ per month.

The Courts have \_\_\_\_\_ have not \_\_\_\_\_ issued a Court Order for the support of the children.

Have you applied for and been denied assistance from the Rensselaer County Department of Social Services? \_\_\_\_\_

**Names of Children Requiring Financial Assistance:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_



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**Occupational Information:**

Are you employed? No \_\_\_\_\_ Yes \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

What is your gross income (before taxes)? \_\_\_\_\_

Name of present employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Is your spouse employed? No \_\_\_\_\_ Yes \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

How many hours per week does your spouse work? \_\_\_\_\_

What is your spouse's gross income (before taxes)? \_\_\_\_\_

Name of spouse's present employer \_\_\_\_\_ Phone \_\_\_\_\_

**Household Information:**

"Household" means all the persons who may occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Starting with you, please list the following information for all people living in your household:

| <b><u>Last Name</u></b> | <b><u>First Name</u></b> | <b><u>MI</u></b> | <b><u>Sex</u></b> | <b><u>D.O.B</u></b> | <b><u>Relationship</u></b> |
|-------------------------|--------------------------|------------------|-------------------|---------------------|----------------------------|
| _____                   | _____                    | _____            | _____             | _____               | Applicant                  |
| _____                   | _____                    | _____            | _____             | _____               | _____                      |
| _____                   | _____                    | _____            | _____             | _____               | _____                      |
| _____                   | _____                    | _____            | _____             | _____               | _____                      |
| _____                   | _____                    | _____            | _____             | _____               | _____                      |
| _____                   | _____                    | _____            | _____             | _____               | _____                      |
| _____                   | _____                    | _____            | _____             | _____               | _____                      |

Please send the following documentation to Greenbush Child Caring with this application for any member of the household who is 18 years of age or older. (Please note: Applications will be considered ONLY if all required documentation is submitted.)

- Pay stubs showing the most recent month of income
- Copy of the most recent utility bill (to validate your address)
- Copy of previous year's 1040, 1040A or 1040EZ Federal Income Tax Return



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### Parental Agreement

I hereby certify that all of the information is true and correct to the best of my knowledge and belief. I understand that falsification of the information shall result in termination of Tuition Assistance. I understand and agree that if my income changes, I will notify Greenbush Child Caring, Inc. of the change immediately.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

### **TUITION ASSISTANCE POLICIES**

Should your application be approved, the following policies will be in effect:

- You must notify Greenbush Child Caring, Inc. (GCC) of any changes in address, telephone, income, or any other change in information in your file, pertaining to your Tuition Assistance. *Please be informed that if you do not let us know about job changes you may lose your eligibility.*
- Should you withdraw your child (ren) from the Before and After-School Child Care Program or Summer Program, you are required to notify GCC two full weeks in advance. If you fail to notify GCC, you will be billed for the entire month, minus the Tuition Assistance.
- Every effort will be made to have a decision on your application by the first payment due date. However, incomplete information will hold the process up.

Greenbush Child Caring acknowledges that the Tuition Assistance program exists to assist qualified families with before and after-school and summer child care costs. These funds are available primarily to families in which parents/guardians are employed so that their children may be in a supervised environment during the parent's working hours. Certain exceptions will be reviewed on a case-by-case basis, such as a parent/guardian who is a full-time student or between jobs. In the latter case, GCC may allow a period of time, not to exceed one month, during which a parent/guardian may seek new employment without jeopardizing their Tuition Assistance.

I \_\_\_\_\_ have read, understand and agree to comply with the  
(Print Name)  
Tuition Assistance policies.

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Applicant)

***GCC reserves the right to verify all information that the applicant has submitted. Periodic reviews will be done to ensure the accuracy of the information.***

**4/18/2008**