

## Application for Tuition Assistance Region 15 Before & After School Program

Parents: To apply for a subsidy for your child(ren), please complete this form and return it to BAS Program. All of the financial information is confidential and will not go beyond the scholarship committee's files. ***Under no circumstances*** will this information be used for any purpose other than in review for subsidy money to the Region 15 BAS Program.

Student name	Grade	School	Care Needs (check applicable times)					
			M	T	W	Th	F	
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Am
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pm
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Am
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pm
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Am
-----			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pm

Do you currently use the BAS Program? \_\_\_\_\_ If not, what are your current child care arrangements?  
 \_\_\_\_\_  
 \_\_\_\_\_

### HOUSEHOLD MEMBERS AND MONTHLY INCOME

**EARNINGS FROM WORK:** WAGES, SALARIES, TIPS, STRIKE BENEFITS, UNEMPLOYMENT COMPENSATION, WORKMENS'S COMPENSATION, NET INCOME FROM SELF-OWNED BUSINESS OR FARM  
**WELFARE/CHILD SUPPORT/ALIMONY:** PUBLIC ASSISTANCE, WELFARE PAYMENTS, ALIMONY PAYMENTS, CHILD SUPPORT PAYMENTS  
**PENSIONS/RETIREMENTS/SOCIAL SECURITY:** PENSIONS, RETIREMENT INCOME, SOCIAL SECURITY, VETERAN PAYMENTS, SUPPLEMENTAL SECURITY INCOME  
**OTHER INCOME:** EARNINGS FROM SECOND JOB, DISABILITY BENEFITS, INTEREST/DIVIDENDS, CASH WITHDRAWAL FROM SAVINGS, INCOME FROM ESTATES/TRUSTS/INVESTMENTS, REGULAR CONTRIBUTIONS FROM PERSONS NOT LIVING IN THE HOUSEHOLD, ROYALTIES/ANNUITIES, RENTAL INCOME, ANY MONIES THAT MAY BE AVAILABLE TO PAY FOR THE CHILD'S MEALS OR MEDS.

**List current income below.**  
 (Specify whether weekly, every 2 weeks, twice a month, or monthly)

Income Type:    **AA.** Earnings from Work (Before Deductions)                      **BB.** Welfare, Child Support, Alimony                      **CC.** Payments from Pensions Retirement, Social Security Other

List The Names of Everyone in Your Household	Income Type	Amount	Weekly	Every 2 Weeks	2x Month	Monthly
1. _____		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ Are your children currently enrolled in the school lunch program? \_\_\_\_\_  
 Reduced Cost? \_\_\_\_\_ No charge? \_\_\_\_\_

- ◆ Are there any special circumstances or additional information or comments you feel may help us in our decision making process?

**Please List monthly expenses:**

Mortgage/Rent \_\_\_\_\_ Telephone \_\_\_\_\_  
 Electric/Fuel \_\_\_\_\_ Auto (payment/gas/maintenance) \_\_\_\_\_  
 Insurance (home) \_\_\_\_\_ Insurance (auto) \_\_\_\_\_  
 General (2<sup>nd</sup> mortgage, loans, bills, etc.) \_\_\_\_\_ Entertainment \_\_\_\_\_  
 Food/Clothing \_\_\_\_\_

**TOTAL (average/typical month)** \_\_\_\_\_

**SIGNATURE**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given to the scholarship committee of the Region 15 BAS Program for the sole purpose of subsidy grants.

Signature of Adult Household Member \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tele/Contact: \_\_\_\_\_

Home Tele. No: \_\_\_\_\_ Work Tele. No: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Street/ Apt No: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**\*\* MUST BRING PROOF OF ALL HOUSHOLD INCOME FOR THE PAST FOUR (4) WEEKS. \*\*  
 YOUR PORTION MUST BE PAID IN FULL TO BEGIN THE PROGRAM(S)**

SIGNED (Applicant)		PRINT NAME OF PERSON SIGNING AT LEFT	DATE SIGNED
Subscribed and sworn to before me:	ON (Date)	Signed (Notary public, commissioner of superior court, asst. clerk)	

**For Committee Use Only – Please do not write below this line**

Total Household Monthly Income \_\_\_\_\_ Number of children enrolled \_\_\_\_\_  
 Application Approved for: \_\_\_\_\_ (amount) \_\_\_\_\_ to \_\_\_\_\_ (dates)  
 Application denied because:  Income over allowed amount  
 Incomplete/missing information  
 Other \_\_\_\_\_

Current BAS Participant \_\_\_\_\_ Payment History \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_  
 Type of income: \_\_\_\_\_

**PLEASE MAIL COMPLETED FORM TO CAROL CIPRIANO P.O. BOX 1121 MIDDLEBURY CT. 06762**