

**To: Aldrich Financial Assistance Applicants**

Thank you for your interest in Aldrich Memorial Nursery School and your inquiry into the Financial Assistance Program. The financial assistance application is attached to this letter.

Tuition assistance amounts are awarded according to the family's financial situation and the needs of the child. Awards are given for the two and three day programs and priority is given to children who are **four and five by September 1<sup>st</sup>**. Recipients in the five-day program receive an award equivalent to a child in a three day class, and the family is responsible for paying the difference. Financial assistance guidelines allow for 3 year olds to be considered under certain special circumstances, including, but not limited to:

- When the child comes from a home where English is not the primary language.
- When social agencies have determined that there is a need for intervention.
- When family situations, such as medical problems, significantly influence the child's environment.
- When there is documented evidence of the child's developmental delay.

**Children must be at least three years of age by September 1<sup>st</sup> in order to be considered for Financial Assistance.**

Please complete the application as completely and accurately as possible for our committee to review, and we ask that you explain any discrepancies in income. Incomplete applications will not be considered. All names are removed from the applications by the committee chairperson prior to committee review, and all information included on the application is treated confidentially.

In addition to the financial assistance application, **please submit a copy of your most recent Federal Income Tax Form 1040 and a copy of your most recent paycheck(s)**. For your convenience, our office staff is able to make copies for you when your completed application is submitted. The requested financial documentation is necessary to comply with guidelines set forth by our organization and other agencies from which we receive funds. **The child must be enrolled at Aldrich, and all financial documentation is required before the application will be reviewed and considered.**

**Completed applications are due by July 1st.** Applications that are received by the deadline will be reviewed and applicants will be informed of the committee's decision by the 2<sup>nd</sup> week in August. All applications received after July 1<sup>st</sup> will be reviewed and awarded based on availability of remaining funds. Please allow 7 to 10 days for processing of applications received during the school year.

If your financial assistance request is approved, you will receive a contract to be signed by you and a committee representative. Your signature on the agreement will indicate your commitment to pay your portion of the tuition in a timely manner as well as your intent to send your child regularly to scheduled classes. **A late fee will be charged to accounts for tuition payments that are received after the 8<sup>th</sup> of the month.** Any child absent more than 25% of their class time in any month may be subject to review. You also will be asked to complete a demographics form that is required by grant regulations.

Tuition funds for the Financial Assistance Program are obtained from school fund-raisers, grants, and individual donations. Parents are encouraged to assist with fund-raising efforts by volunteering at school events. If your financial situation changes during the school year, please notify the office or the financial assistance chairperson. In the future, as your financial situation improves, please consider donating to the Aldrich Financial Assistance Fund.

We encourage you to apply for financial assistance through Child Care Resource & Referral (CCRR). They may be able to provide an alternate source of funding for your child's education. CCRR can be reached by calling (507) 287-2020.

Please let the office staff know if you have any questions or concerns.

Sincerely,

Aldrich Memorial Nursery School Financial Assistance Committee

**Please keep this letter for your reference.**

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Sincerely, Aldrich Memorial Nursery School Financial Assistance Committee

**Please sign and return this copy stating that you have read and understand the guidelines for Financial Assistance.**

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Signature

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Date

## Financial Assistance Application Aldrich Memorial Nursery School

All information must be completed in order for this application to be considered.

Child's Name (First, Last)	Date of Birth (MM-DD-YY)	Gender	Phone Number(s)
Home Address, City, Zip Code			County of Residence
Parent 1's Name		Parent 2's Name	
Child lives with (circle one): Both Parents    Parent 1 Only    Parent 2 Only    Other (explain)			Who has legal custody of the child?
Please list all other full-time household members (adults and children)			
Name	Sex	Date of Birth	Relationship to Child
Are there any changes expected in the household size? (circle one)    Yes    No			
If yes, what and when?			

<b>Information About Your Child</b>	
What do you hope your child will gain from attending Aldrich?	
Describe any previous group experience (child care, preschool, Community Education, Sunday School, PAIIR, etc.) your child has had and total length of time attended.	
Will your child be participating in any other group programs this school year? (circle one)    Yes    No	
If yes, what and when?	
What language or languages does your child speak?	What language is used most often in the home?

**Information About Your Child (cont'd)**

Have there been any major crises or significant stresses that have affected your child? (circle one)    Yes    No

If yes, what and when?

Has your child been diagnosed as "developmentally delayed?" (circle one)    Yes    No

If yes, please explain.

Are there any other reasons your child requires intervention? (circle one)    Yes    No

If yes, please explain.

**Financial Information**

*This information is solely for the purpose of determining program eligibility and is otherwise held confidential.*

Parent 1's Occupation	Place of Employment	Length of Employment	Work Phone

Parent 1's Education Level: (circle the highest level completed)    Elementary    High School Diploma(7-12)    High School GED  
 Technical School    Associate Degree    BS/BA Degree    Advanced Degree    Other (explain)

Is Parent 1 a student, apprentice, intern, resident, trainee, etc.? (circle one)    Yes    No	If yes, please describe the program being pursued and length of time remaining:
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Parent 2's Occupation	Place of Employment	Length of Employment	Work Phone

Parent 2's Education Level: (circle the highest level completed)    Elementary    High School (7-12)    High School GED  
 Technical School    Associate Degree    BS/BA Degree    Advanced Degree    Other (explain)

Is Parent 2 a student, apprentice, intern, resident, trainee, etc.? (circle one)    Yes    No	If yes, please describe the program being pursued and length of time remaining:
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**Gross Monthly Household Income:** (Note: Gross Income = **before tax income**. If you are paid weekly, figure 4<sup>1</sup>/<sub>3</sub> weeks per month)

Gross Monthly Salaries and Wages From All Jobs)		<b><u>Please explain here if there is a discrepancy between the current monthly income you listed and the attached tax form.</u></b>
Business Income		
Child Support Received		
Alimony Received		
Social Security Income		
Unemployment Compensation		
Disability Income		
AFDC Received		
Other (please specify)		
<b>Total Gross Monthly Household Income</b>		

**Financial Information (cont'd)**

Does your household receive any income from student loans or any other type of loans? If so, please list type(s) and amount(s).

Are other adults contributing to your household income? If so, how much and when?

Please describe **any significant expenses** affecting your family's budget. For example, medical bills, student loans, child support paid, etc. It is not necessary to include normal expenses such as housing, car, insurance, etc., unless you feel the amount is higher than a typical family's payment. List specific items that you are **currently paying each month** with the monthly dollar amounts. (Information will not be considered without specific figures.)

Please describe **any other circumstances** affecting your family's budget. For example, loss of job, new baby, financial obligations for extended family, etc. List specific items that you are **currently paying each month** with a monthly dollar amount spent (if possible/applicable).

**Program** for which financial assistance is requested (circle one):

2-day (T,Th)      3-day (M,W,F)      5-day (M-F)

Have you submitted an Aldrich application? (circle one)    Yes    No    |    If no, please complete and attach to this application.

**Please submit a copy of your most recent Federal Income Tax Form 1040 AND a copy of your most recent paychecks.** This is to comply with guidelines set forth by our organization and other agencies from which we receive funds, and is required in order for your application to be reviewed and considered.

**I hereby certify that all of the information provided is true and correct to the best of my knowledge.**

Parent/Guardian Signature

Date

**Return completed application to:**

Financial Assistance Committee  
Aldrich Memorial Nursery School  
855 Essex Parkway NW  
Rochester, MN 55901

**Office Use Only**

Rev. 4/10

Applicant #

Date application received:

Application Complete?    Y / N

Currently enrolled?    Y / N

Class Placement: