

Thank you for your interest in the **financial assistance** program at Aldrich Memorial Nursery School. Below is a list of items required to apply to our program:

FIRST: We require all applicants to determine their eligibility for funding through the **Families First of Minnesota**. Families First has two helpful programs and is often able to provide greater financial assistance. To view the Families First income requirements and application, visit www.familiesfirstmn.org and click on the School Readiness Program and the Pathways Early Learning Scholarships links, or call them at 507.287.2020. Another place to apply for assistance is Olmsted County Family Support & Assistance at 507.328.6500.

THEN, after contacting Families First, please check one of the following:

- Not funded by a Families First program: annual income too high**
- Not funded by a Families First program: other reason** *(Please include a note with explanation.)*
- Wait-listed**
- Waiting for a response from Families First; Date Application Submitted _____**

While waiting to hear from Families First, you may apply for assistance through Aldrich.

SECOND: Please accurately complete the attached application, and explain any discrepancies in income. All three pieces of requested financial documentation listed below are necessary to comply with guidelines set forth by our organization and other agencies from which we receive funds.

- Financial assistance application**
- Federal Income Tax Form 1040**
- Most recent paycheck(s)** *(If unemployed, please provide a printout of weekly unemployment benefits.)*

In order for the committee to review the application, the child must be enrolled at Aldrich. Assistance is awarded according to the family's financial situation and the needs of the child. Assistance is given for half day classes that meet 2 or 3 times per week. The additional cost of attending a 5 day or full day program will be the responsibility of the family. **Priority is given to children who are four or five by September 1st: younger children will be considered under special circumstances.**

Completed applications are due to the Aldrich office by Friday, July 13, 2018. All names are removed from the applications by the committee chairperson prior to committee review, and all information is confidential. Applications that are received by the deadline will be reviewed in the order they are received, and applicants will be informed of the committee's decision by mid-August. All applications received after July 13, 2018 will be reviewed and awarded based on availability of remaining funds. Please allow two weeks for processing applications received after August.

Please contact Aldrich at 507.289.3097 or aldrich@aldrichnurseryschool.com if you have any questions. Beginning after Memorial Day and through July, the office is open from 8:30-12:00. The office is closed the week of July 4th. Beginning Monday, August 27, 2018, the office is open from 8:30-4:00.

We hope to find a way to provide you with the financial assistance needed so that your child may attend Aldrich. Sincerely, the Aldrich Financial Assistance Committee

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?			

Information About Your Child	
What do you hope your child will gain from attending Aldrich?	
Describe any previous group experience (child care, preschool, Community Education, Sunday School, PAIRR, 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:

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:

Gross **Monthly** Household Income: (Note: Gross Income = **before tax income**. If you are paid weekly, figure 4¹/₃ weeks per month)

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

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:

Currently enrolled? Y / N

Application Complete? Y / N

Class Placement: