



## **Fairplex Child Development Center**

**1101 W. McKinley Ave., Pomona, CA. 91768**

**Phone 909-623-3899 Fax 909-623-5890**

### **Tuition Grant Program**

The Tuition Grant Program at the Child Development Center at Fairplex is offered to low income families who do not qualify for state subsidy. The Tuition Grant Program is funded completely by private donations, fundraising and other fund development activities. Tuition grants are offered based upon funds available at the time of application and grant determination.

#### **FUNDS AVAILABLE**

Funds that will be available for the tuition grant program will be determined by the CDC Finance Committee along with the annual process of budgeting for the school year. The amount of funds and therefore the number of individual grants that will be available may be determined at the budgeting process each year and is completely contingent upon funds available.

#### **APPLICATION DATES**

Tuition grant applications will be due by Wednesday, May 31, 2017

Grant notifications will be determined by Friday, June 30, 2017



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### **Applicants must supply the following:**

1. A copy of the past month pay stubs form a current employer
2. If self-employed, a financial statement of the past three months
3. Documents to support family/custody and child support status
4. Other documentation, as needed

### **GRANTS**

For the 2017/2018 school year, \$60,000 is available for tuition grants. Families not eligible for state-sponsored programs, with annual income levels between \$40k and \$70k, are eligible to apply. Families with full time students in the program will be considered for the grant before any families with part time students will be considered. All full or part time applicants must complete the Tuition Grant Application by May 31, 2017 for the 2017/2018 school year. Tuition grant recipients will need to apply for renewal every year.

*Funds donated to the Tuition Grant Program have been made available by  
community members who care about early childhood education*



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## Tuition Grant Application

1. **Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

2. **1<sup>st</sup> Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Circle One:**            **Home**            **Cell**

**Place of Employment:** \_\_\_\_\_ **Phone Number:** (     ) \_\_\_\_\_

**2<sup>nd</sup> Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Circle One:**            **Home**            **Cell**

**Place of Employment:** \_\_\_\_\_ **Phone Number:** (     ) \_\_\_\_\_

3. **Total Number in Household:** Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Please complete the information below for whom this tuition grant applies:**

<b>Name:</b>	<b>DOB/Relationship</b>	<b>Name:</b>	<b>DOB/Relationship</b>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

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4. In the space provided below, please explain your financial need with regard to your application for tuition assistance.

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5. **GROSS MONTHLY Family Income**

Verification of Income for parents and/or guardians of this child **MUST BE** provided, *limited to two recent pay stubs, most recently filed tax documents, including 1040 or other government-related filings, recent investment account statements or any related bank savings or checking balances. Tuition Grant Applications will not be accepted and reviewed until we receive all of the required documentation.*

	<u>APPLICANT</u>	<u>SPOUSE.OTHER</u>
EMPLOYMENT	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
GOVERNMENT ASSISTANCE	\$ _____	\$ _____
INVESTMENTS	\$ _____	\$ _____
OTHER (please explain)	\$ _____	\$ _____

6. I certify that the above information is true and complete to the best of my knowledge. I agree to inform the Fairplex Child Development Center immediately of any change in my income or family size. I understand that false information could jeopardize my tuition grant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If I am not selected for a tuition grant, I would like my enrollment application cancelled and the \$100 application fee reimbursed to me.

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