



Snyder Union Mifflin (SUM) Child Development, Inc. Tuition Assistance Program: 2016-17

Parent Name: _____ Date of Application: _____

County of Residence: Snyder Union Northumberland

Family Size: _____

Information on Enrolled Children:

Child Name	# Days/Week	Center	Check One		
			Full-Time	Part-Time	CSD

Family Income (check the category of your eligibility below):

- _____ I am on the waiting list for CCIS services. (Provide documentation of CCIS wait list letter.)
- _____ Family income is at or below the CCIS income guidelines, but we are not eligible for CCIS (Provide ineligibility letter from CCIS).
- _____ Family income is above CCIS income guidelines. (*Please see reverse side for household income guidelines*)

Documentation of Family Income Attached:

- _____ Four weeks of pay stubs from a period no earlier than 6 weeks prior to the Tuition Assistance application date (2 paystubs if paid bi-weekly, 4 paystubs if paid weekly)
- _____ Documentation of child support and/or alimony
- _____ Documentation of other sources of income

I understand and accept the following terms and conditions of Tuition Assistance:

- I understand that upon the receipt of Tuition Assistance funds, I relinquish my deposit to child care.
 - Funds are made available annually based on the amount of grant money awarded to SUMCD.
 - I understand that if my account balance becomes past due, I may be at risk of losing my Tuition Assistance.
 - I will need to establish eligibility annually for this financial assistance based on the calendar year.
 - If my income falls within the CCIS income guidelines, I am required to apply for CCIS funding.
 - I must either be employed or attending school full time to be eligible. If a full time student, proof of enrollment will be required. (In a two parent household, at least one parent must be working full time)
 - If I become UNEMPLOYED funds will only be available for 30 days from the date I lost my employment.
 - If our family becomes ineligible for Tuition Assistance subsidy, it is my responsibility to report this to SUMCD.
 - I have been given a copy of the Child Care Fee Policies and Procedures and agree to follow them.
 - SUMCD reserves the right to reevaluate my funding at any time.
- I would be willing to be featured in publicity for the SUMCD Tuition Assistance Program.

Signature of Parent

Date

The SUMCD Tuition Assistance program is partially funded by a Greater Susquehanna Valley United Way grant.

Household Income Guidelines:

CCIS Guidelines		Over CCIS Guidelines	
up to 235% of Poverty income		236%-300% of Poverty Income	
Family Size		Family Size	
2	Up to \$37,647.00	2	\$37,807.20 - \$48,060.00
3	Up to \$47,376.00	3	\$47,577.60 - \$60,480.00
4	Up to \$57,105.00	4	\$57,348.00 - \$72,900.00
5	Up to \$66,834.00	5	\$67,118.40 - \$85,320.00

SUMCD USE ONLY:

Gross Annual Income Calculation:

Family Size: _____

SUMCD Eligibility Determination:

_____ Your application for Tuition Assistance is approved, and your reduced family fee is effective _____.

_____ You are eligible for Tuition Assistance and are on a waiting list for funding.

_____ Your application for Tuition Assistance is declined at this time due to the following reason(s):

Original Child Fee: _____ - \$ _____ (Tuition Assistance subsidy) = _____ New Child Fee

Original Child Fee: _____ - \$ _____ (Tuition Assistance subsidy) = _____ New Child Fee

Original Child Fee: _____ - \$ _____ (Tuition Assistance subsidy) = _____ New Child Fee

Eligibility Determined By:

SUMCD Staff Signature

Date