



Roots and Wings Community Preschool

Tuition Assistance Application 2017-2018



A United Way Agency



2017-2018

Tuition Assistance



“There are only two lasting bequests that we can leave to our children; One is roots, the other wings” - Hodding Carter

Roots and Wings Child Development is a not-for-profit organization whose mission is to support a child’s natural ability to succeed in the World. Tuition assistance is an equal opportunity program available to eligible families on a first-come, first-serve basis.

Funding Parameters

Tuition assistance is for families with income at or below 200% of the poverty level (see below for poverty income levels). Funds are used to assist eligible families with accessibility and availability of preschool programming in an environment serving children ages 3 to 6 years old. Assistance is available on a sliding scale, determined by the family household size and annual income, up to 75%. An additional 25% flat rate assistance is available to families that have a referral from one of our partnering agencies. Please inquire with the office for our current list of qualifying agencies.

Contracting Period

Contracting period will be for the period of September 1, 2017 through August 31, 2018.

How to Submit an Application

Families must complete this application along with the student’s registration form and registration fee. Families needing to make special arrangements due to financial constraints should contact the office when submitting documents.

Original documents must be submitted to Roots and Wings Child Development at 3703 International Way, Suite B, Medford, OR 97504.

Poverty Guidelines*

Family Size	1	2	3	4	5	6
Annual Income	\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$32,580
Maximum Eligible Income	\$23,760	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160

Families larger than 8 people: Add \$4,160 to \$40,890 for each additional person in the family.

* <https://www.doleta.gov/llsil/> HHS Poverty Guidelines 2016

Tuition Assistance Policies Agreement

Should your application be approved, the following policies will be in effect;

- You **MUST** notify Roots and Wings Child Development of *any* changes to your contact information.
- You will forfeit tuition assistance funding should you acceptance funding to any other program offering like services. This includes, but is not limited to, Head Start, Child Development Service, DHS, etc.
- You **MUST** comply with all registration and enrollment policies of the preschool program in which you are attending. Tuition assistance will **NOT** fund program service fees incurred by the family, including late payment fees, program change fees, early withdrawal fees, non-sufficient fund fees and or extended care fees.
- Tuition assistance funds are distributed on a first-come, first-serve basis. Availability of funds is dependent on the amount of money granted to the program for the 2017-2018 program year.
- Incomplete tuition assistant applications will not be accepted. An application will be considered incomplete if it is **NOT** accompanied with a student registration form and fee.
- Roots and Wings Child Development is an equal opportunity program provider and does not discriminate against any protected class. Applicants have the right to an informal meeting to discuss any application discrepancies within the Tuition Assistance program by sending notice to the Board of Roots and Wings Child Development to request such a meeting.

Roots and Wings Child Development will use the figures submitted in this application to determine your eligibility. Applicants will be **required to provide proof of current low income** status at the time of your child's enrollment into the preschool program.

Roots and Wings Child Development acknowledges that the Tuition Assistance program exists to assist qualified families with preschool education costs and reserves the right to re-evaluate, at any time, the information contained in your application.

I (We) have read, understand and agree to comply with the policies of the Tuition Assistance Program as applicants of the program.

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Signature

Signature

Date

Date

Household Status

Please complete the following information for **each family member** living in your household that can be claimed as your dependent and their relation to the child for whom you are applying:

Last Name,	Full Name First Name	MI	Relationship to child	Gender (M/F)	Date of Birth	Marital Status

Income

Write the amount of each caregiver's income below:

2016 Federal Income Taxes	Adjusted Gross Income if filed separately	Adjusted Gross Income if filed jointly
Parent/Guardian #1	\$	\$
Parent/Guardian #2	\$	

*Copy of income tax filings for all custodial parents/guardians required for eligibility determination.

	Total Income Received in the previous 3 months (all sources)
Parent/Guardian #1	
Parent/Guardian #2	

*Copy of bank statements, pay stubs, and or agency statements for all custodial parents/guardians required for eligibility determination.

Program Agreement

I have reviewed the application and certify that the information provided is true to the best of my knowledge. I understand that the information that I have provided is subject to review and verification, and that I may be required to provide documents to verify this information. I will be subject to immediate termination from any Roots and Wings Child Development program if I am found to have misrepresented the information that I have provided.

In the event that I am found to be ineligible for Tuition Assistance after participation, and Roots and Wings Child Development determines that repayment is necessary, I agree to repay to Roots and Wings Child Development all monies expended by Roots and Wings Child Development on my behalf whether the monies were paid directly to me or to individuals, companies or other parties. I agree to pay all costs, expenses and reasonable attorney's fees incurred by Roots and Wings Child Development in order to secure the payback of funds on my behalf.

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Signature

Signature

Date

Date

Referring Agency (optional)

If you are participating with a partnering agency, your application will receive an additional 25% tuition assistance applied. To qualify, please have your caseworker complete the following on your application.

Agency Name: _____

Caseworker: _____ Phone Number: _____

Caseworker Signature: _____ Date: _____

--- OFFICE USE ONLY ---

Average Monthly Income: _____ Date Received: _____

Annual Household Income: _____ Reviewed By: _____

Documents Verified: (Check all that apply)

Tax Return(s): Parent/Guardian #1 Individual Return Parent/Guardian #2 Individual Return
 Parent/Guardian Joint Return Not Applicable

Income Verification: Pay Stubs Bank Statements UI Print Out Agency Record Other _____

Tuition Assistance Eligible: Yes No Tuition Assistance Percentage: _____

Referral Eligible: Yes No Referring Agency: _____