

2025-2026 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 available through our grant-funded Equitable Education and Care Program. Tuition Assistance for the 2025-2026 school year is available for families with income at or below 250% of the poverty level (see below for poverty income levels). Assistance is available on a sliding scale, determined by the family household size and annual income, up to 75%.

Funds are determined by, and limited to, what we receive each year from our donors.

Contracting Period

The contracting period will be for the period of August 30, 2025, through May 31, 2026.

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 Community Preschool at 3703 International Way, Medford, OR 97504.

Poverty Guidelines for 2025*

Family Size	2	3	4	5	6	7	8
Annual Income (100%)	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150
Maximum Eligible Income (250%)	\$51,100	\$64,550	\$78,000	\$91,450	\$104,900	\$118,350	\$131,800

Families/households larger than 8 people: Add \$5,500 for each additional person in the family.

^{*} https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines



POLICY AGREEMENT

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

- You MUST notify Roots and Wings Community Preschool of any changes to your contact information.
- We want to reserve these funds for families that can bring their child consistently so please be mindful of your child's attendance if receiving tuition assistance. Prearranged absences, family time, or sickness that is communicated with Roots and Wings staff is acceptable.
- You <u>MUST</u> comply with all registration and enrollment policies of the preschool program in which you are attending. <u>Tuition assistance will NOT fund</u> program service fees incurred by the family, including late payment fees, program change fees, early withdrawal fees, nonsufficient fund fees, and or early drop-off and late pick-up 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.
- Incomplete tuition assistance applications will not be accepted. An application will be considered incomplete if it is NOT accompanied by a student registration form.
- Roots and Wings Community Preschool 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 requesting a meeting with the Roots and Wings Director.

Roots and Wings Community Preschool 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 their child's enrollment into the preschool program.

Roots and Wings Community Preschool 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			

2024-2025 Tuition Assistance Application

Information submitted will be kept confidential and only used by authorized program staff to conduct program eligibility, provide services, and track performance to funders.

Complete information on the child for whom you are applying:

Child's Information: _				
	Last Name	First Name	MI	Date of Birth
Parent/Guardian:				
	Last Name	First Name	MI	Phone #
Parent/Guardian:				
	Last Name	First Name	MI	Phone #
Home Address:				
	Address		City	Zip Code
Mailing Address:				
(if different from above)) Address		City	Zip Code
1. Has your child receiv	ved special services from ar	agency or professional	regarding their	education? If yes, from whom
and why?				
2. Will your child be att	ending another education p	rogram in addition to the	preschool prog	gram offered by the Tuition
Assistance program? _				
3. If yes, will your child	be receiving tuition assistar	nce/scholarship or does	the program Ol	NLY serve low-income qualified
families?				
EMPLOYMENT ST	ATUS: (check all that a	oply)		
Parent/Guardian #1	· ' :			
☐ Employed Full Time	□ Employed Pa	rt-Time	porarily or Sea	sonally Employed
☐ Student Full Time	☐ Student Part-	Time 🗆 Une	mployed	
Parent/Guardian #2	::			
☐ Employed Full Time	□ Employed Pa	rt-Time	porarily or Sea	sonally Employed
☐ Student Full Time	☐ Student Part-	Time □ Une	mployed	
HOUSEHOLD STA	TUS			

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

INCOME

Write the amount of each caregiver's income below:

2024 Federal Income Taxes	Adjusted Gross Income if filed separately	Adjusted Gross Income if filed jointly		
Parent/Guardian #1	\$			
Parent/Guardian #2	\$	\$		

Parent/Guardian #2	\$		Ψ	
*Copy of income tax filings for all custod	dial parents/guard	dians required for eligibility	determination.	
	Т	Total Income Received in the previous 3 months (all sources)		
Parent/Guardian #1				
Parent/Guardian #2				
*Copy of bank statements, pay stubs, a determination.	nd or agency stat	tements for all custodial pa	arents/guardians requ	uired for eligibility
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I have reviewed the application and ce	ertify that the info	rmation provided is true to	the best of my know	wledge. I understand
that the information that I have provided	d is subject to revi	ew and verification, and the	at I may be required t	o provide documents
to verify this information. I will be subject	ct to immediate te	rmination from any Roots a	and Wings Communit	y Preschool program
if I am found to have misrepresented th	ne information tha	at I have provided.		
In the event that I am found to be inc	eligible for Tuition	n Assistance after particip	ation, and Roots an	d Wings Community
Preschool determines that repayment i	is necessary, Ι ας	gree to repay to Roots and	Wings Community	Preschool all monies
expended by Roots and Wings Comn	nunity Preschool	on my behalf whether th	e monies were paid	directly to me or to
individuals, companies or other parties.	. I agree to pay a	ll costs, expenses and rea	sonable attorney's fe	es incurred by Roots
and Wings Community Preschool in ord	der to secure the	payback of funds on my b	ehalf.	
Print Name of Parent/Guardian		Signature		Date
Print Name of Parent/Guardian		Signature		Date
Average Monthly Income:		FICE USE ONLY Date Receive	d:	
Annual Household Income:		Reviewed By:		
Documents Verified: (Check all that				
Tax Return(s): ☐ Parent/Guard	dian #1 Individu	al Return 🛮 Parent/Gua	ardian #2 Individual	Return

 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: