

Wild Lilac Child Development Community

Internal Financial Assistance Application

The following application for financial assistance and documentation enables Wild Lilac Child Development Community to make decisions about financial aid recipients based on uniform criteria. Please note that financial aid applicants are required to complete the application and compile all required documentation before submitting paperwork to the Executive Director. If your application is incomplete it will not be considered for a financial assistance. Once the application process has been completed, the application will be sent to the Internal Financial Assistance Committee. Once paperwork has been completed and submitted, a member of the Internal Financial Assistance Committee will contact you to set up an interview. Once interviewed, you will be notified within five business days about your eligibility for financial aid funds. Wild Lilac Child Development Community admits students and offers financial assistance to students of any race, color and national or ethnic origin. Further, Wild Lilac accepts all children, families, and staff regardless of religion, creed, gender, sex, family composition, or ability. Please note, financial assistance depends upon the availability of funds.

A: Minimum Requirements:

- 1. Currently enrolled or in the process of enrolling with Wild Lilac Child Development Community; and
- 2. Currently have insufficient funds due to family emergency or financial hardship (short-term or long-term); and/or
- 3. Low family income; and/or
- 4. Family qualifies for only partial subsidy from ERDC and/or DHS.

Please be aware Wild Lilac CDC uses the current Federal Free/Reduced Lunch income levels (see below) as a guideline in considering need:

Household Size	Endaral Dayarty
Household Size	Federal Poverty
	Guidelines
1	\$20,665
2	\$27,991
3	\$35,317
4	\$42,643
5	\$49,969
6	\$57,295
7	\$64,621
8	\$71,947

Submission List:

- 1. Completed application.
- 2. Previous year's W-2 and taxes with schedules (if filed).
- 3. Two month's check stubs.
- 4. If applicant is a student- current term schedule.
- 5. Brief letter explaining financial situation.



B: Applicant's Information:

This application must be complete and all required documents must be attached in order for consideration. Please **use black or blue ink**.

Name:	(please print clearly)
Work: Y_N_ Full-Time or Part-Time St	udent: Y_N_ Credit Hours Enrolled:
Home Address:	
E-mail Address:	
Cell Phone:	Home Phone:
Status: Single Partnered Separated	Extension: Number of Dependent Children:
Please Print Names: Spouse:	
Work: Y_N_ Full-Time or Part-Time St Child One:	udent: Y_N_ Credit Hours Enrolled: Age: Childcare with Wild Lilac: Y_N_
Child Two:	_ Age: Childcare with Wild Lilac: YN
Child Three:	_ Age: Childcare with Wild Lilac: Y_N_
Child Four:	_ Age: Childcare with Wild Lilac: YN
C: Financial Information:	
Monthly Income :	
Gross Income: \$	Retirement Account (i.e. 401k): Y_N_
Child Support Income: \$	Checking Account(s): \$
Student Loan/Grant Income: \$	Saving Account(s): \$
Social Security Income: \$	Money Market Account(s): \$
Other Income: \$	
Total Income: \$	



Approximate Monthly Expenses: Utilities: \$ Rent/Home Payment: \$ **Insurance:** \$ Food: \$ Credit Card Debt Amount: \$ Credit Card Payments: \$_____ Vehicle Loans: \$ _____ Gas: \$ **Transportation Passes:** \$ Medical: \$ **Student Expenses:** \$_____ (tuition, books, registration) Other Expense: \$____ Other Expense: \$_____ Total Expenses: \$_____ Amount of monthly financial assistance requested: \$ Length of financial assistance requested: Months Requested One Year (Financial assistance maximum is one year and then you must submit another request) I affirm to the information contained herein is true and accurate to the best of my knowledge. Date Signature