

BEEP Tuition Assistance Application

This form will be used as a tuition assistance application for BEEP and (if applicable) to assist families who are eligible in accessing the Department of Early Education and Care's (EEC) child care subsidy program. Families who are accepted into BEEP and receive tuition assistance based on voucher eligibility are expected to make every effort to obtain a low-income voucher through Child Care Choices of Boston, and/or to maintain their eligibility or voucher.

This application is not complete without photocopies of the following items. Please do not submit this application without them or without filling in all fields below that apply to your household.

- **Proof of recent income or assistance—pay stubs (4 weekly or 2 bi-weekly), tips, child support, social security, transitional assistance, SNAP, housing, etc.**
- **Most recent federal tax return**
- **Identification for all family members (to show dependency)—a license, passport, visa, birth certificate or social security card is acceptable**

HOUSEHOLD INFORMATION

1. **Child's Full Name (who will attend BEEP):** _____
2. Gender: _____
3. Date of Birth: ____/____/____ Social Security: ____-____-____ Decline
4. Disability (Y/N) _____ I.E.P. (Y/N) _____
5. Primary/Secondary language: _____ Race/Ethnicity: _____
6. Address: _____

7. **Parent/Guardian Full Name (Head of Household):** _____
8. Relationship to Child: _____
9. Date of Birth: ____/____/____
10. Social Security Number ____-____-____ Decline
11. Citizen of the United States? • YES • NO
12. Address: _____
13. Home #: (____) ____-____ Cell #: (____) ____-____
14. E-mail: _____
15. Primary language: _____ Secondary language: _____

16. **2nd Parent/Guardian Full Name:** _____
17. Relationship to Child: _____
18. Date of Birth: ____/____/____
19. Social Security Number: ____-____-____ Decline
20. Citizen of the United States? • YES • NO
21. Address: _____
22. Home #: (____) ____-____ Cell #: (____) ____-____
23. E-mail: _____

24. Primary language: _____ Secondary language: _____

25. Check all that apply to parent(s)/guardian(s):

Single Parent ___ Disability ___ Retired ___ Military ___
Grandparent w/ legal custody ___ Foster Parent ___

26. Education level of primary parent/guardian: (please circle)

a = Less than H.S. Diploma **b** = H.S. Diploma/GED
c = Some College **d** = Bachelor's Degree
e = Master's Degree **f** = Doctoral or Advanced Degree

27. Education level of secondary parent/guardian: (please circle)

a = Less than H.S. Diploma **b** = H.S. Diploma/GED
c = Some College **d** = Bachelor's Degree
e = Master's Degree **f** = Doctoral or Advanced Degree

OTHER DEPENDENT INFORMATION

28. Please list **all siblings** here:

Full Name _____ Date of Birth ____/____/____
Social Security: ____-____-____ decline Disability (Y/N) ____ I.E.P. (Y/N) ____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Date of Birth ____/____/____
Social Security: ____-____-____ decline Disability (Y/N) ____ I.E.P. (Y/N) ____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Date of Birth ____/____/____
Social Security: ____-____-____ decline Disability (Y/N) ____ I.E.P. (Y/N) ____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Date of Birth ____/____/____
Social Security: ____-____-____ decline Disability (Y/N) ____ I.E.P. (Y/N) ____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Date of Birth ____/____/____
Social Security: ____-____-____ decline Disability (Y/N) ____ I.E.P. (Y/N) ____
Primary/Secondary language _____ Race/Ethnicity _____

EMPLOYMENT (or Undergraduate Training Program) INFORMATION

Parent/Guardian (Head of Household):

1. Place of employment: _____
2. Address of workplace: _____
3. Work phone number: (____) ____ - _____
4. Work Hours: M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____
5. If you are unemployed, are you actively seeking employment? ____ Yes* ____ No (if no, please explain): _____

****A qualifying job search is limited to one 8-week period in a 12-month year from the date you submit your tuition assistance application. No additional job search may be authorized.***

If you are currently enrolled in school, please complete questions 6-9,

6. Place of school: _____
7. Address of school: _____
8. School phone number: (____) ____ - _____
9. School Hours:
M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____

Second Parent/Guardian:

10. Place of employment: _____
11. Address of workplace: _____
12. Work phone number: (____) ____ - _____
13. Work Hours: M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____
14. If you are unemployed, are you actively seeking employment? ____ Yes* ____ No (if no, please explain): _____

****A qualifying job search is limited to one 8-week period in a 12-month year from the date you submit your tuition assistance application. No additional job search may be authorized.***

If you are currently enrolled in school, please complete questions 15-18,

15. Place of school: _____
16. Address of school: _____
17. School phone number: (____) ____ - _____
18. School Hours:
M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____

19. Other Family Income Source(s)—check all that apply and attach recent proof of assistance

- TANF/TAFDC
- Food Stamps/SNAP
- FED Benefits
- Housing
- Child Support
- Social Security Income
- Other: _____

FINANCIAL RECAP:

20. Family Size: _____
21. Number of Parent(s)/Guardian(s) in Household: _____
22. Number of Parent(s)/Guardian(s) in Household Working: _____
23. Employment Status* of Parent/Guardian #1: (please circle)
- a** = Employed full-time (30+hrs/wk) **b** = Employed part-time (<30 hrs/wk)
 - c** = Unemployed, disabled **d** = Unemployed, retired
 - e** = foster parent, working full-time **f** = foster parent, working part-time **g** = seasonally employed
24. Gross monthly income** of Parent/Guardian #1: _____

25. Employment Status* of Parent/Guardian #2 : (please circle)
- a** = Employed full-time (30+hrs/wk) **b** = Employed part-time (<30 hrs/wk)
 - c** = Unemployed, disabled **d** = Unemployed, retired
 - e** = foster parent, working full-time **f** = foster parent, working part-time **g** = seasonally employed

26. Gross monthly income** of Parent/Guardian #2: _____

27. SSI/SSDA: \$_____ (per month)

28. Child support/alimony **received**: \$_____ per week? ___ per month? ___

29. Child support/alimony **paid**: \$_____

30. Other income (specify) \$_____ (_____)

****Monthly gross income should be calculated by multiplying parents' gross weekly income by 4.33 or gross bi-weekly income by 2.17. Gross income means before taxes. If you are self-employed or your income fluctuates divide your approximate gross annual income by 12.**

31. Does your family have a state voucher approved by the Department of Early Education and Care?
 Yes No

Other Information:

SIGNATURE

I verify that the information provided here is accurate and complete to the best of my knowledge. I will notify BEEP immediately if any changes to this information need to be made.

BEEP works with the state child care subsidy system to assist families in obtaining state vouchers that are critical to the assistance offered by BEEP. I understand that if I am income-eligible, I will be responsible for seeking a childcare voucher from the Massachusetts Department of Early Education and Care (EEC) through Child Care Choices of Boston. I also understand that if my child obtains a child care voucher, I can use that voucher to send my child to any child care provider or preschool that accepts vouchers.

Parent/Guardian Signature

Date