

Lana Antonelis Tuition Assistance Fund

The Lana Antonelis Tuition Assistance Fund was created to provide short-term tuition assistance to currently enrolled families in times of temporary hardship. Assistance is provided in the form of a scholarship and/or delayed payment. This policy does not cover families who require long term tuition assistance (ex: DSHS). The Tuition Assistance Committee, composed of two current board members and up to three other parents, will review all requests on a case by case basis within two weeks of receipt. Approval of requests is at the complete discretion of the committee.

Requirements for Eligibility:

- Must have been enrolled at the center for at least six (6) months prior to requesting assistance.
- May only be for up to three (3) months at a time. If a family's financial need continues to exist after the initial request is granted, the family is required to reapply at least two weeks prior to the end of the current assistance period. The updated application will be reviewed by the Tuition Assistance Committee and eligibility will be determined based on the availability of funds and the family's current economic situation.
- May not receive assistance for more than 6 months total within one 12-month period. This 12-month period begins on the date that the first award begins.
- If requesting a scholarship, the applicant must be requesting no more than fifty percent (50%) of the applicant's current monthly tuition rate after all other discounts have been applied (e.g., teacher discount, DSHS).

Special requirements for deferrals:

- A mutually agreed upon percent of tuition (no less than thirty percent (30%) of the full tuition amount) must still be paid during each month of service that the family is receiving the deferral.
- The family and LACC shall work out a mutually agreed upon payment plan to repay the deferred tuition. Failure to pay tuition on agreed upon terms may result in termination of services.
- If services are terminated, LACC has the right to demand full payment of all amounts owed immediately and any outstanding debts may be sent to a collections agency.

Some of the criteria we consider in our decision in no particular order:

- Has the applicant applied before? How many times?
- Has the applicant received assistance previously? How much and how long ago?
- What are the circumstances causing the family to apply for assistance?
Example: Unemployment, health matter, family emergency
- If requesting assistance because they are unemployed, then for how long?
- What actions are the family taking to rectify the financial issue?
- Does it appear this family is in crisis and needs immediate assistance or are they looking for long-term subsidy for daycare?
- What is the ratio of their daycare to net income?
- Can a smaller amount than what they're requesting accommodate their needs?
- Is the amount being requested something that we can accommodate with current funds in the Tuition Assistance (TA) account?
- Are there other pending applicants or circumstances within the LACC community we know about that may alter our decision?
Example: Is there another family that we know will need assistance in the near future and therefore want to conserve the available funds in the account?

Lana Antonelis Tuition Assistance Application

We are pleased to consider your request for tuition assistance at LACC. Please submit this form no later than the 10th of the month prior to the month that you are requesting assistance to begin (i.e., must be submitted by January 10 if you want assistance to begin on February 1) and any additional information (if later requested) directly to the Director or Assistant Director. We will provide you with a decision within two weeks of the date the application was submitted. **Please note that applications deemed by the committee to be incomplete will be returned and this will delay the decision.**

This application will be reviewed anonymously by the Tuition Assistance Committee. Only this cover page includes personal identifying information, which will be retained by the office and not reviewed by the committee. Please do not include identifying information on subsequent pages.

Parent #1 Name:

Parent #2 Name:

Address:

Tuition Assistance awards are determined based on the demonstration of need submitted and the amount of funds available.

The information provided on this form is true to the best of my knowledge. I understand that I am required to let the Tuition Assistance Committee know immediately if my financial situation changes in any way. I understand that failure to do so or knowingly submitting false information may result in legal action and/or dismissal from the program. The Tuition Assistance Committee has the right to re-evaluate my award if my financial situation changes at any point during the award period.

Parent #1 Signature:

Date:

Parent #2 Signature:

Date:

Please answer the following questions (do not include identifying information):

1. Have you applied before?

If so, provide dates?

2. Did you receive assistance previously?

If so, what percent of tuition was granted?

What was the period of the award(s) (give start and end dates)?

How does your current situation differ from the previous one in which an award was received?

3. We recognize that there are a number of family arrangements possible. Please describe your family situation and list anyone who is responsible for the cost of raising your child(ren) (e.g., married parents, divorced parents, single parent with or without child support, etc.)

4. Please answer the following questions for the parents/persons responsible for support of the child(ren). If more than two people are responsible, add more lines.

Parent #1 Employment Status (circle one):

Employed Unemployed seeking work Disability (Explain) Other (Explain)

Parent #2 Employment Status (circle one):

Employed Unemployed seeking work Disability (Explain) Other (Explain)

5. If either parent is not working, when did employment end?

6. Please provide a description of the reason for your need (e.g., medical problem, lost job, insufficient income, etc.). Include any information relevant to anticipated length of the need.

7. Please describe the steps you have taken to help alleviate the pressure of your current situation (e.g., personal loan, deferred student loans, minimizing expenses, etc.). Please provide as much information as possible. If answers seem insufficient, the committee will ask for further clarification which will delay the process.

8. The amount of any award will depend on need as well as availability. However, it does help us to have an idea of what you are hoping for.

A. Are you requesting a scholarship or deferment?

B. Amount of monthly assistance you are requesting (up to 50% of tuition):

C. Length of time you are requesting assistance (up to 3 months):

D. If requesting a deferment, please provide a suggested payback plan:

9. Please fill in the following two tables:

Dependent Care Expense	Days per week	Total Monthly Cost
LACC		
Other center care		
Nanny/au pair		
Before/after school care		
Summer care		
Other:		
TOTAL COST		

INCOME	PARENT #1	PARENT #2
Average Monthly Income		
Taxable (Gross) Earnings*		
Nontaxable Earnings		
Alimony, Child Support		
Unemployment, Disability, Severance, Etc.,		
Educational Assistance (e.g., from grants, loans)		

Scholarships		
Parental Assistance (e.g, from relatives or programs to assist with cost of raising children)		
Interest or Dividends		
Other Income		
Total Monthly Income		
SAVINGS		
Savings, CDs, etc. account combined total balance		
MAJOR EXPENSES		
Housing (Rent, Mortgage/Property Tax)		
Student Loan(s)		
Tuition for college / adult education (this is not for childcare, child school programs)		
Car Payment(s)		
Other transportation costs (car insurance, gas, tolls, bus fare)		
CHILDCARE DISCOUNT		
LACC Staff Discount		
Other (explain)		

*Include a dated copy of the most recent statement of wages for both parents

If self-employed, please describe your method of calculating average gross earnings

10. Please describe any anticipated extraordinary expenses (e.g., upcoming medical bills).

11. Do you anticipate a change in your financial situation? If so, explain.

12. Please describe any other special circumstances or information that you feel will be useful for the TA committee.

Office Use Only

Date Application Received:

Date Application Distributed to Committee:

LACC monthly tuition paid by applicant:

Current Balance of TA Fund:

Current withdrawals from fund (monthly amounts and expiration dates):

Decision Letter Sent:

Committee Use Only

Total Monthly Income (Parent #1 & 2):

% of Monthly Income spent on
Housing:

Childcare:

Application: Denied _____ Granted _____

Assistance: Award_____ Deferral _____

Amount and Start/End Date:

Reimbursement Plan: