



Friends of the Monomoy Early Childhood Council

Emergency Tuition Assistance Application

Name of applicant
(parent/guardian): _____

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Child's name: _____

Age/grade enrolled: _____

Mailing/residential
address: _____

email address: _____

Home phone # _____ cell # _____

number of adults in home: _____ number and ages of children: _____

Adult(s) employed _____

Your household income last
month: _____

Name of childcare provider/program to be paid with these
funds: _____

Address & phone # of location where childcare will take
place: _____

Is this provider licensed? _____ Relationship (if any) of provider to
applicant: _____

What are your total monthly child care expenses: _____ for how many
children: _____

Please list separately the child care expenses and needs for each child in your household:

Name: _____ Age _____ Days/wk: _____ Fee/wk/mo.

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What is the balance at this time of your childcare tuition
bill: _____

What child care fee(s) can you afford at this time: _____

How long do you expect to need this assistance paying child care: _____

Have you applied to other sources for help: _____ If yes, where: _____

Lower Cape Outreach

Council _____ Church _____ Town _____ Other (please
specify) _____

Is there someone who would advocate for your circumstances:

Name & phone

#: _____

Please list your reasons for applying for these funds at this time: (use additional paper if required)

Is there anything else you would like the committee to know about your situation?

Are you willing to volunteer your time during one of our Emergency Tuition fundraising events?

I hereby verify that the information provided above is correct.

Your signature: _____ Date: _____

Referring agency signature (if applicable): _____

Please fill out all the information in this application. You are encouraged to provide as much supporting information as possible, both specific information about your circumstances and copies of relevant financial documentation. Confidential review of your application will be preceded by conversations with you and with your childcare provider. Submit completed application to: Friends of the Monomoy Early Childhood Council. Harwich Elementary School 263 South Street Harwich 02645 attention to Lucy Gilmore, Monomoy Early Childhood Coordinator. e-mail: lgilmore@monomoy.edu or call the office # 508-430-7216 x4044. Awards will be made based on the applicant's needs and availability of funds.