

# Tuition Assistance Request Form: UCSB Early Childhood Care & Education Services

Information requested is used to determine income eligibility, priority and to identify each parent/guardian's need for child care. Final approval is determined after all required financial documentation has been provided and an approved California Department of Education contract has been signed by the parent/guardian. Approval is determined by the Grant Coordinator, and is contingent upon meeting all State Early Education and Support guidelines for the current fiscal year.

<b>DATE:</b>	<b>TOTAL FAMILY SIZE:</b>	
<b>Parent/Guardian Information (1):</b>		
Last name:	First name:	
Email Address:	Phone Number:	
Street address:	City/State:	Country:
Home phone:	Work phone:	Other:
Primary language:	Single parent Family: <input type="checkbox"/>	Two parent Family: <input type="checkbox"/>
Reason(s) for Needing Child Care:	UCSB Student: <input type="checkbox"/>	Other Student: <input type="checkbox"/>
Employed: <input type="checkbox"/>	Medical Incapacitation: <input type="checkbox"/>	Seeking Employment: <input type="checkbox"/>
<b>Parent/Guardian Information (2):</b>		
Last name:	First name:	
Email Address:	Phone Number:	
Street address:	City/State:	Country:
Home phone:	Work phone:	Other:
Reason(s) for Needing Child Care:	UCSB Student: <input type="checkbox"/>	Other Student: <input type="checkbox"/>
Employed: <input type="checkbox"/>	Medical Incapacitation: <input type="checkbox"/>	Seeking Employment: <input type="checkbox"/>
<b>SOURCES of Monthly Family Income:</b>		
	Employment (before taxes)	\$
	Child Support	\$
	Spousal Support	\$
	Income from Parents/Relatives	\$
	State Disability	\$
	Cash Aid (CALWORKs)	\$
	SSI/SSP	\$
	Other: (identify)	\$
FOSTER PLACEMENT: <input type="checkbox"/> CPS REFERRAL <input type="checkbox"/>	<b>Gross Income per mo.</b>	<b>\$</b>
CHILD'S name (#1)	BIRTH DATE:	Male: <input type="checkbox"/> Female <input type="checkbox"/>
CHILD'S name (#2)	BIRTH DATE:	Male: <input type="checkbox"/> Female <input type="checkbox"/>
CHILD'S name (#3)	BIRTH DATE:	Male: <input type="checkbox"/> Female <input type="checkbox"/>
CHILD'S name (#4)	BIRTH DATE:	Male: <input type="checkbox"/> Female <input type="checkbox"/>
<b>SIGNATURE:</b>	<b>DATE:</b>	