



Early Education Centers

Tuition Assistance Application

Completing this Tuition Assistance Application is not a guarantee of eligibility. The information you provide including the requested documentation below will only be used to determine if you qualify for assistance. Maryvale reserves the right to verify the information being provided on this application.

Please provide copies of the following documents along with the attached completed application:

- Two Most Recent Paycheck Stubs for all Responsible Adults/Guardians in the Home
- Proof of Income from other sources such as Unemployment Compensation, Spousal/ Child Support, Disability Income, Social Security, Rental Income, Interest Payments, etc. (If Applicable)
- Most Recent Bank Statements for Checkings and Savings Accounts
- Last Completed Income Tax Return
- Driver's License or State Identification Card

Name of Child Requesting TA: _____

Enrolled At: Duarte
 Rosemead

DOB: _____

Age: _____

Days of Care: Circle All That Apply - Monday Tuesday Wednesday Thursday Friday

Cost of Tuition: \$ _____

Ability to Pay: \$ _____

Tuition Assistance will subsidize a percentage of tuition costs however, the family is expected to contribute what your family can contribute to tuition.

Briefly Describe your Need for Tuition Assistance

Parent/Guardian (Responsible Party) Financial Disclosure

Married Single Divorced/Separated

Primary Payer		Relationship to Child		Secondary Payer		Relationship to Child	
, _____		, _____		, _____		, _____	
Address				Address			
_____ _____ _____				_____ _____ _____			
City		State		Zip Code		City	
_____ _____		_____ _____		_____ _____		_____ _____	
Phone 1		Phone 2		Phone 1		Phone 2	
() - () - _____		() - () - _____		() - () - _____		() - () - _____	
Primary Payer's Employer				Secondary Payer's Employer			
_____ _____ _____				_____ _____ _____			
Employer Address				Employer Address			
_____ _____ _____				_____ _____ _____			
City		State		Zip Code		City	
_____ _____		_____ _____		_____ _____		_____ _____	
Phone Number				Phone Number			
_____ _____				_____ _____			
Position/Title		Years at Employer		Position/Title		Years at Employer	
_____ _____		_____ _____		_____ _____		_____ _____	
Gross Pay		Frequency of Pay		Gross Pay		Frequency of Pay	
_____ _____		_____ _____		_____ _____		_____ _____	
Other Income - Circle Any That Apply: Child Support, Disability Income, Social Security, Rental Income, Interest Payments, etc.				Other Income - Circle Any That Apply: Child Support, Disability Income, Social Security, Rental Income, Interest Payments, etc.			
_____ _____				_____ _____			
Rent/Mortgage	\$					<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Long Term Lease	
Utilities			Dependents		Name		Age
Electricity	\$						
Water	\$						
Gas	\$						
Phone	\$						
Cable/Internet	\$						
Other	\$						
Automobiles	Payment Amount						
	1	\$					
	2	\$					

I/We declare under penalty of perjury that the information provided to Maryvale within this application is true and correct. I/We vountarily disclose this information to Maryvale and certify the information. I/We understand that as a guarantor for this child, I/We are responsible for the account balance due to Maryvale. I further understand that Maryvale will keep all of my information confidential and it will only be used to determine eligibility for financial assistance. I/We understand that our application for Tuition Assistance must be reviewed/updated on a regular basis. We agree to provide documentation within the timeframe requested. In the event that our financial or home situation changes, I/We will report these changes to the Maryvale Business Office within five days of the change i.e., change in income, marital status, etc.

Primary Payer's Signature: _____

Date: _____

Secondary Payer's Signature: _____

Date: _____