

Alef Bet Child Care, Inc. ☆
Tuition Assistance Application

WORKSHEET (Please attach a copy of Page One of your latest Federal Tax Form 1040, or equivalent for non-U.S. citizens.)

Name of Child/ren _____
Name of Parent/s _____
Address/es _____
Telephone _____
E-mail _____

INCOME

- 1) Gross wages and salaries, bonuses, tips,
and all net business and rental income: _____

- 2) Gifts, alimony, child support, grants,
stipends, scholarships, public assistance,
pensions, etc.: _____

- 3) Available income from other forms of assets
such as investments, savings, trusts, valuable
property, etc.: _____

- 4) Do you own any real estate or automobiles? _____
Please list type, original value, and amount of
outstanding loan or mortgage: _____

Automobile(s) Model ____ Year _____

- 5) Total income (add lines 1-4): _____

DEDUCTIONS and EXPENSES

- 6) Number of family members _____
- 7) Unusual medical expenses: (Please describe)

- 8) Alimony and child support you pay: _____
- 9) Estimated total in-center tuition: _____

Are there any unusual circumstances the Tuition Assistance Committee should consider when making final decisions? Please explain.

What is the total monthly amount you feel you are able to afford to pay for child care tuition?

\$ _____ per month.

Send to: Alef-Bet Child Care, Inc.
Attn. Director
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Cambridge, MA 02139

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Phone: 617- 547-3651