

CEF Financial Aid Application

5631 Palmer Way, Suite L, Carlsbad, California 92010
Phone (760) 929-1555 Fax (760) 929-8788

CEF Financial Aid

This form is used for CEF Financial Aid. **Enrollment in financial aid programs is not guaranteed.** CEF has limited funds for financial aid. **Please complete the entire application and provide your most recent tax return (include W2, most recent pay stub(s), last two months bank statements for all responsible legal guardians for processing.** If you have any questions, please do not hesitate to call the Carlsbad Educational Foundation at (760) 929-1555.

Third Party Information

You must apply for third party assistance directly with an outside agency. Please see our Third-Party Information Sheet for the appropriate contact number.

Please note: Financial Aid **will not** be considered if the application is not complete or if required financial documentation is not submitted with this Financial Aid Application. **It is not our responsibility to contact you if your application is not complete.**

Child _____ School _____ Date ___/___/___

Parent Information (We require both parent's information)

Parent 1 Name: _____ Address: _____		
City, State, Zip: _____	Contact Phone: _____	Email _____
Parent 2 Name: _____ Address: _____		
City, State, Zip: _____	Contact Phone: _____	Email _____

Household Information

Marital Status: _____	Number of Adults: _____	Number of Children: _____
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Income Information

Parent 1 Occupation: _____	Employment Information: (Name, address, phone #) _____	Parent 1 Annual Income: _____
Parent 2 Occupation: _____	Employment Information: (Name, address, phone #) _____	Parent 2 Annual Income: _____

Extenuating Circumstances

<p>Please state any special circumstances that may qualify you for assistance.</p> <p>*Attach a separate piece of paper should you require more space.</p>	
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Program	What I Will Pay	Requested Assistance
	\$	\$
	\$	\$

The above information is true and accurate as of the date of application. I also agree to notify Kids' Care of any change in income, expenses, or family conditions noted on this application. I understand that providing false information or a failure to notify Kids' Care of substantive changes in the information provided in this application may result in the cancellation of assistance and reimbursement to Kids' Care for all assistance provided. Financial Aid recipients will be notified via email, if approved.

Signature of applicant: _____ Date: _____