

CEF Financial Aid Application

5631 Palmer Way, Suite L, Carlsbad, California 92010

Questions? Call - Phone (760) 929-1555 Fax (760) 929-8788

Return application to CEF office or email to: Cheryl@carlsbaded.org

Program requesting financial assistance for:

- | | |
|--|---|
| <input type="checkbox"/> Kids Care before and after school program | <input type="checkbox"/> Summer Enrichment Program |
| <input type="checkbox"/> After School Enrichment | <input type="checkbox"/> High School Summer Academy |

CEF Financial Aid

To apply for financial aid, please provide completed application, and copies of documentation are **required**.

ASES

If you are requesting assistance from the ASES program, please include the ASES Application form in your financial aid application.

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 contacts.

Please note: Financial Aid will not be considered if the application is incomplete and/or does not include required documentation. You will not be contacted if your application is incomplete.

Student Name _____ **Program Location** _____

Documentation with asterisk is REQUIRED. Your application will not be considered without required documentation.

- Most recent tax return*
- Two (2) most recent pay stubs for ALL supporting parents/guardians*
- Any child support income documentation (if applicable) *
- Class Schedule if parent/guardian is currently enrolled in higher education
- Any additional supporting documents or explanations of circumstances

Parent Information (Both Parent Information Required)	
Parent 1 Name: _____	Email _____
Address: _____	City, State, Zip: _____ Phone: _____
Parent 1 Occupation _____	Parent 1 Employer _____
Parent 2 Name: _____	Email _____
Address: _____	City, State, Zip: _____ Phone: _____
Parent 2 Occupation _____	Parent 2 Employer _____

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

Household Income	
Monthly Wages from all contributing adults: \$ _____	
+ Child support/alimony received: _____	
+ SSI/SSDA: _____	
+ Other (specify): \$ _____	
- (minus) Child support/alimony paid: \$ _____	
Total Gross Monthly Income: \$ _____	Family size _____

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 mail, if approved.

Signature of applicant _____ Date _____