

Dear BEEP Financial Aid Applicant:

Thank you for your interest in our program. Please consider the following information before applying for financial aid.

Funds are limited. Families who identify themselves late in the application/enrollment process may not be able to be accommodated.

Families who qualify for a voucher through the State of Massachusetts will meet the following basic requirements: All household parents/guardians are employed for at least 20 hours a week during the day or are in an undergraduate program and make less than 50% of the state median income, based on family size. Financial aid preference through BEEP will be given to these families. Refer to the abridged income eligibility table below:

% Median Income	Family of Two	Family of Three	Family of Four	Family of Five	Family of Six	Family of Seven
50%	\$29,043	\$35,876	\$42,710	\$49,544	\$56,377	\$57,659
85%	\$49,372	\$60,990	72,607	\$84,224	\$95,841	\$98,019

BEEP may also provide partial aid to families with incomes between 50% and 85% of the State median income. Families who make incomes above 85% of the State median income will generally not be considered for financial aid unless there are extenuating circumstances. These will be considered on a case by case basis.

Families in which the parent(s)/guardian(s) are unemployed or have been laid off but who are actively seeking employment and lack other resources, such as savings, may also be eligible for a low income voucher. These families may be considered for BEEP financial aid on a case by case basis. However aid will only be provided for the morning program. Financial aid for extended day will not be given to families with one or both parents at home.

Please call the office at 617-713-5471 or contact Kate Ewen at 617-413-7551 or kate_ewen@brookline.k12.ma.us with questions or concerns.

Thank you.

BEEP Administration

Brookline Early Education Program Financial Aid Intake Form

This form will be used as a scholarship application for BEEP (if applicable) and to place families who are income eligible on the Department of Early Education and Care's (EEC) Centralized Waitlist for Childcare Subsidy. Families who are accepted into BEEP and receive tuition assistance based on voucher eligibility are expected to maintain their waitlist status if contacted by the EEC and make every effort to obtain a low-income voucher if contacted by Child Care Choices of Boston.

This application is not complete without photocopies of the following items

1. Proof of income—pay stubs, child support, social security, tips, etc.
2. Most recent federal tax return
3. Identification for all family members (to show dependency)—license, passport, social security cards

Do not submit this application without the items listed above or without filling in all fields below that are applicable.

FAMILY INFORMATION

(Please note: you may decline giving social security numbers. They are requested for the wait list but not necessary.)

1. Parent/Guardian Full Name (Head of Household): _____
2. Date of Birth: _____
3. Relationship to Child: _____
4. Social Security Number _____-_____-_____
5. Citizen of the United States? YES NO
6. Address: _____
7. Home #: (____) ____-____ Cell #: (____) ____-_____
8. E-mail: _____
9. Primary language: _____ Secondary language: _____
10. 2nd Parent/Guardian Full Name: _____
11. Relationship to Child: _____
12. Date of Birth: _____
13. Social Security Number: _____-_____-_____
14. Citizen of the United States? YES NO
15. Address: _____
16. Home #: (____) ____-____ Cell #: (____) ____-_____
17. E-mail: _____
18. Primary language: _____ Secondary language: _____
19. Parents' Education Level—Mother: _____ Father: _____
*Education Level Codes: a = Less than H.S. Diploma b = H.S. Diploma/GED
c = Some college d = Bachelor's degree e = Master's degree f = Doctoral or Advanced Degree*
20. Check any of the following that apply to parent(s)/guardian(s):
Single Parent___ Disability___ Retired___ Military___
Grandparent w/ legal custody___ Foster Parent _____

DEPENDENT INFORMATION

- 21. Child's Full Name (who will attend BEEP): _____
- 22. Gender: _____
- 23. Date of Birth: ____/____/____ Social Security: ____-____-____
- 24. Primary/Secondary language: _____ Race/Ethnicity: _____
- 25. Address: _____
- 26. Please list **siblings** here:

Full Name _____ Social Security: ____-____-____
Date of Birth _____ Disability (Y/N) _____ I.E.P. (Y/N) _____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Social Security: ____-____-____
Date of Birth _____ Disability (Y/N) _____ I.E.P. (Y/N) _____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Social Security: ____-____-____
Date of Birth _____ Disability (Y/N) _____ I.E.P. (Y/N) _____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Social Security: ____-____-____
Date of Birth _____ Disability (Y/N) _____ I.E.P. (Y/N) _____
Primary/Secondary language _____ Race/Ethnicity _____

Full Name _____ Social Security: ____-____-____
Date of Birth _____ Disability (Y/N) _____ I.E.P. (Y/N) _____
Primary/Secondary language _____ Race/Ethnicity _____

EMPLOYMENT (or Undergraduate Training Program) INFORMATION

Parent/Guardian (Head of Household):

- 1. Place of employment/school: _____
- 2. Address of workplace/school: _____
- 3. Work/school phone number: _____
- 4. Check Days in Work/School: M__T__W__Th__F__Sat__Sun__
- 5. List hours you work each day: M__T__W__Th__F__Sat__Sun__
- 6. Check times you are in work/school A.M. ____ P.M. ____ Eve ____ Night ____
- 7. If you are unemployed, are you actively seeking employment? ____ Yes ____ No
- 8. If you checked "No" in question 11, please explain:

EMPLOYMENT (or Undergraduate Training Program) INFORMATION continued:

Parent/Guardian (2nd):

9. Place of employment/school: _____
10. Address of workplace/school: _____
11. Work/school phone number: _____
12. Check Days in Work/School: M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun ___
13. List hours you work each day: M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun ___
14. Check times you are in work/school A.M. _____ P.M. _____ Eve _____ Night _____
15. If you are unemployed, are you actively seeking employment? ___ Yes ___ No
16. If you checked "No" in question 11, please explain:

17. Other Family Income Source(s)—check all that apply

- ___ TANF/TAFDC
___ Food Stamps
___ FED Benefits
___ Housing
___ Child Support
___ Social Security Income

Financial Recap:

18. Family Size: _____
19. Number of Parents in Household: _____
20. Number of Parents in Household Working: _____
21. Employment Status* of Parent #1: _____
22. Gross monthly income** of Parent #1: _____
23. Employment Status* of Parent #2: _____
24. Gross monthly income** of parent #2: _____

**Employment Codes: a = Employed full-time (30+hrs/wk) b = Employed part-time (<30 hrs/wk)
c = Unemployed, disabled d = Unemployed, retired e = foster parent, working full-time f = foster parent, working part-time g = seasonally employed*

25. SSI/SSDA: \$ _____ (per Month)
26. Child support/alimony **received**: \$ _____ per week ___ per month ___
27. Other income (specify) \$ _____
28. Child support/alimony **paid**: \$ _____

***Monthly gross income should be calculated by multiplying parents' gross weekly income by 4.33 or gross bi-weekly income by 2.17. Gross income means before taxes. If you are self-employed or your income fluctuates divide your approximate gross annual income by 12.*

SPECIAL OR EXTENUATING CIRCUMSTANCES

Please describe any special or extenuating circumstances here that you would like to have the administration consider when deciding your scholarship amount. Please note that graduate/post doctoral training, credit card/education debt, utilities, and rent/mortgage payments are not considerations.

SIGNATURE

I verify that the information provided here is accurate and complete to the best of my knowledge. I will notify BEEP immediately if any changes in this information need to be made.

I understand that if I am income-eligible that BEEP will place my family on the Department of Early Education and Care's Centralized Waitlist for Childcare Subsidy. I also understand that if my child obtains a child care voucher from the Commonwealth of Massachusetts that I can use that voucher to send my child to any childcare provider/preschool that accepts vouchers.

Further I understand that some of this information may be shared with the Brookline Community Foundation in order to access funds to provide my family with financial aid.

Parent Signature

Date

For Office Use Only

School Year _____ Classroom _____ Tuition _____

Percent SMI _____ Award Amount _____ Deposit Amount _____

Supporting Doc's _____

Comments _____