

# **Kids Co. Schedule B Application**

**In order to be reviewed for Schedule B, your application must be completed in full and returned with all requested financial information.**

## Child Information

1. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last, First, MI) (month/date/year)
2. Address: \_\_\_\_\_  
Street Apt. City State Zip Code
3. Child's Sex: Male  Female
4. School Attending: \_\_\_\_\_
5. Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Rm #: \_\_\_\_\_

## Family Information

6. Child resides with (check all that apply):
- |  |  |   |
|--|--|---|
| Mother Only <input type="checkbox"/>           | Father Only <input type="checkbox"/>         | Both Parents <input type="checkbox"/>   |
| Mother and Stepfather <input type="checkbox"/> | Gay/Lesbian Partner <input type="checkbox"/> | Foster Parents <input type="checkbox"/> |
| Father and Stepmother <input type="checkbox"/> | Grandparent(s) <input type="checkbox"/>      | Other _____ <input type="checkbox"/>    |
7. Person(s) applying for tuition assistance.

Applicant's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(Last, First, MI) (mother, father, etc.)

Address: \_\_\_\_\_  
Street Apt. City State Zip Code

\_\_\_\_\_  
(Area Code) Home Phone # (Area Code) Work Phone # (Area Code) Cellular # or Pager

\_\_\_\_\_  
Employer Occupation

Employer's Address: \_\_\_\_\_  
Street City State Zip Code

Social Security Number/Tax ID #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(Last, First, MI) (mother, father, etc.)

Address: \_\_\_\_\_  
Street Apt. City State Zip Code

\_\_\_\_\_  
(Area Code) Home Phone # (Area Code) Work Phone # (Area Code) Cellular # or Pager

\_\_\_\_\_  
Employer Occupation

Employer's Address: \_\_\_\_\_  
Street City State Zip Code

Social Security Number/Tax ID #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

8. Siblings: \_\_\_\_\_  
 Name & Age Name & Age  
 \_\_\_\_\_  
 Name & Age Name & Age

9. Annual Household Income: \$ \_\_\_\_\_ Current Monthly Household Income: \$ \_\_\_\_\_  
 Pay Period: **Monthly**, **Bi-monthly** (2x's/mo) or **Semi-weekly** (every other week): \_\_\_\_\_

Note: Annual income is for the last twelve months.

**-ATTACH YOUR MOST RECENT W-2 FORM(S) AND TAX RETURN.**

**-COPIES OF YOUR LAST TWO PAY STUBS .**

**-YOU WILL NEED TO GO ONLINE TO [WWW.WASHINGTONCONNECTION.ORG](http://WWW.WASHINGTONCONNECTION.ORG) AND CLICK ON AM I ELIGIBLE. THEN YOU WILL NEED TO SUBMIT AN APPLICATION, AFTER WHICH IT WILL GIVE YOU A CONFIRMATION PAGE. YOU WILL NEED TO PRINT THAT CONFIRMATION PAGE AND TURN THAT IN.**

**Your application will not be processed without all of this information**

10. Number of persons supported by the stated income: \_\_\_\_\_

11. Income sources (check all that apply):

- |                      |                          |                     |                          |                 |                          |
|----------------------|--------------------------|---------------------|--------------------------|-----------------|--------------------------|
| Wages/Salary         | <input type="checkbox"/> | Child Support       | <input type="checkbox"/> | Social Security | <input type="checkbox"/> |
| AFDC (case #: _____) | <input type="checkbox"/> | FIP (Case #: _____) | <input type="checkbox"/> | Unemployment    | <input type="checkbox"/> |
| Pension/Retirement   | <input type="checkbox"/> | Other _____         | <input type="checkbox"/> | Other _____     | <input type="checkbox"/> |

To the best of my knowledge, the information on this form is correct. Some parts of this form may be reported to other agencies for the purpose of gaining program funding or used for program assessment. These agencies and Kids Co./Evergreen Children's Association will hold this information in the strictest confidence.

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Co-Applicant's Signature Date

For Office Use Only:

Income Level Verified by: \_\_\_\_\_ Application Approved: YES  NO

Schedule B Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason Denied: \_\_\_\_\_

Schedule B Tuition Rate: \_\_\_\_\_ Approved/Denied By:

\_\_\_\_\_  
Applications are reviewed quarterly. Application Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ <sup>signature</sup> Initials \_\_\_\_\_

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_

Schedule B cancelled: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason Cancelled: \_\_\_\_\_