MERCYONE CHILD DEVELOPMENT CENTER AND PRESCHOOL TUITION ASSISTANCE APPLICATION FORM

MercyOne Child Development Center & Preschool is excited to be able to offer a Tuition Assistance program to families of Full or Part time MercyOne/Trinity benefit-eligible colleagues enrolled in the program. (Benefit eligible is any MercyOne employee who is budgeted to work 32 hours or more per pay period.) Assistance will be determined based on the total family income. The family must meet the income guidelines as established on the back page based on family income and family size. The qualifying levels of the tuition assistance are based off the Federal income guidelines.

Please submit the completed form along with a copy of your most recent federal income tax form 1040 (or1040EZ). Documentation must be presented, for all persons contributing to the taxable family income, to the director or secretary via mail or email within 30 days of enrollment. Tuition Assistance will not be accepted after this date. All information received during the process will be kept confidential and will be used solely to determine eligibility.

Change in benefit eligible status will result in termination of the assistance. Changes in family status and/or income may qualify for reapplication. Please see the Director. Applications will be reviewed by the director or secretary and all families will be notified by email of the outcome of the application. All funds will be applied directly to the childcare hourly rate.

Child/Children's Names

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Father's Name:			Phone: _					
Employer:			Work Phone:					
Mother's Name:			Phone:					
Employer:			Work Phone:					
Child lives with:	Mother	Father _	Both	Other				
Number of persons in t	family:							
Does your tax return provide an accurate picture of your current financial situation? Yes/NO If no, please explain and attach your family's 4 most recent pay stubs:								
I hereby certify that all addition to this applica 1040 (or1040EZ). Tuit documentation. If any immediately revoked a	tion, I have attaction Assistance reinformation is m	thed a copy of equests will no isrepresented,	my most recen t be considered I understand ar	t federal income tax form I without appropriate ny assistance will be				
Signature of Parent/Gu	ardian:			Date:				

2023-2024 Income Guidelines

Persons in	Family Income						
Family	ranniy income						
2	\$0-\$39,440	\$39,441-\$49,300	\$49,301-\$59,160	\$59,161-\$78,880			
3	\$0-\$49,720	\$49,721-\$62,150	\$62,151-\$74,580	\$74,581-\$99,440			
4	\$0-\$60,000	\$60,001-\$75,000 \$75,001-\$90,000		\$90,001-\$120,000			
5	\$0-\$70,280	\$70,281-\$87,850	\$87,851-\$105,420	\$105,421-\$100,560			
6	\$0-\$80,560	60 \$80,561-\$100,700 \$100,701-\$120,840		\$120,841-\$161,120			
7	\$0-\$90,840	\$90,841-\$113,550	\$113,551-\$136,260	\$136,261-\$181,680			
8	\$0-101,120	\$101,121-\$126,400	\$126,401-\$151,680	\$151,681-\$202,240			
Discount	20%	15%	10%	5%			
Enrollment Fee	\$30	\$35	\$40	\$45			
If you have more than 8 people in your household, please add \$2,470 per additional person.							
Office Use Only: Family Name:							
Enrollment Fee: Discount: Multi-Child Discount: Notified Family:							