Boone Beginnings Tuition Assistance Application

To be eligible for the Tuition Assistance Application, the following information must be provided. Remittance of this information may not result in eligibility for tuition assistance.

Do you qualify for any of the following listed benefits?

State of Nebraska Childcare Subsidy (Title XX) YES/NO If yes, Case # _____

Weekly Co-Pay $ _____

SNAP (Supplemental Nutrition Assistance Program YES/NO If yes, Case # _____

TANIF (Temporary Assistance for Needy Families) YES/NO If yes, Case # _____

Child Enrollment

Last name, First Name	Date of Birth	Infant	Toddler	Preschool

Parent/Guardian/Household Earner 1 Information

Last Name, First Name Email Phone Number

Street Address City State Zip Code

Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Incomes	Check if Zero Income
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	

Total Monthly Income	

Parent/Guardian/Household Earner 2 Information

Last Name, First Name | Email | Phone Number

Street Address | City | State | Zip Code

Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Incomes	Check if Zero Income
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	

Total Monthly Income	

Applicant Signature | Date

Provide a brief description and duration of need:

OFFICE USE ONLY

APPLICATION APPROVED DENIED

WEEKLY AMOUNT APPROVED $_____ START DATE _____

END DATE_____

AUTHORIZED SIGNIATURE | DATE