

Boone Beginnings Tuition Assistance Program

Boone Beginnings seeks to assist low-income families so their children can access quality, early childhood development during their critical first five years. Boone Beginnings offers an assistance program which can partially pay tuition costs for qualified families. This program is funded by the John and Diane Scott Foundation as well as local donors.

State of Nebraska Childcare Subsidy

The State of Nebraska has a program, the State of Nebraska Childcare Subsidy Program (Title XX), which assists low-income families with childcare expenses. Families seeking assistance should apply to Title XX first.

Boone Beginnings Tuition Assistance

Families who require financial assistance with tuition, but do not qualify for Title (XX), may apply for the Boone Beginnings Tuition Assistance Program. The applicant will need to document that they applied and were denied by the State of NE. A copy or forward of the email from Access Nebraska or formal letter can be used to indicate denial.

Boone Beginnings Tuition Assistance eligibility is generally based on qualifications on the below schedule. However, a final determination of eligibility shall be solely determined by the Boone Beginnings Tuition Assistance Committee.

	50 % Tuition Assistance	25 % Tuition Assistance	10 % Tuition Assistance
Household Size			
2	\$44,000	\$44,001-\$49,500	\$49,501-\$60,500
3	\$54,450	\$54,451-60,500	\$60,501-\$71,500
4	\$64,900	\$64,901-71,500	\$71,501-\$82,500
5	\$75,350	\$75,351-82,500	\$82,501-\$93,500
6	\$85,800	\$85,801-\$93,500	\$93,501-\$104,500
7	\$96,250	\$96,251-\$104,500	\$104,001-\$115,500
8	\$106,700	\$106,701-\$115,500	\$115,001-\$126,500

Application Process

Applications will be submitted to the director of Boone Beginnings and reviewed by the Boone Beginnings Tuition Assistance Committee. Information is confidential and will not be shared with staff or board members. Applicants will need to reapply annually.

Emergency Assistance

If an enrolled family endures an emergency, they may apply for assistance. Additionally, a written explanation of need and duration of need will be required.

Assistance for Boone Beginnings Staff

Full time staff, in good standing, can receive a credit toward tuition if they have a child attending Boone Beginnings. For this assistance, the employee does not need to demonstrate need. This credit is determined on a week-to-week basis. Failure of an employee to attend a full week of work may result in no credit for that week. This benefit may also be discontinued at the director's sole discretion. In addition to the employee credit, employees can apply for the Boone Beginnings Tuition Assistance Program offered to low-income families on the same terms as other applicants.

If a staff person is receiving Title XX assistance, the amount of Boone Beginnings tuition credit will be limited so that the total of Tuition Credit and Title XX assistance will not exceed the total tuition cost for the family. In other words, Boone Beginning tuition credit will not result in a cash payment to staff. It can only be used for tuition credit.



Boone Beginnings Tuition Assistance Application

To be eligible for the Tuition Assistance, the following information must be provided. Remittance of this information may result in eligibility for tuition assistance.

Parent/Guardian

Last Name, First Name	Email	Phone Number
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Street Address	City	State	Zip Code
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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

Income

Write the names of everyone in the household. Include yourself and all children, your spouse, grandparents, other relatives and unrelated people living in your household. Use a separate sheet of paper if you do not have enough space.

GROSS INCOME BEFORE DEDUCTIONS: Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other income (see definitions below). Next to the amount of income write how often the income is received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.

OTHER INCOME: strike benefits, unemployment compensation, workman’s compensation, disability benefits, interest/dividends, cash withdrawn from saving, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.

FOSTER CHILDREN: list any personal income received by the foster child. Personal income is (a) money given for the child’s personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.

MILITARY HOUSING BENEFITS: Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.

SELF-EMPLOYMENT: Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.

GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly									
List the Names of All Household Members	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check if ZERO income
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1									<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>

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 SIGNATURE

DATE