



Dear Boone Beginnings Parents,

Boone Beginnings is very fortunate to be able to offer a Tuition Assistance Program to qualified Boone Beginnings families. The program is only possible due to the generosity of donors. They are community members and others that believe in the value of high-quality Early Care and Education programs and understand the financial needs of young families.

Because our tuition assistance program is donor funded, we must balance available funds with the number of families requesting aid. Hopefully we will continue to have sufficient funds to meet the demand, but it is important to understand that Boone Beginnings can only offer as much assistance as it receives in donations.

We truly appreciate our donors. If you ever get the chance to personally thank them, please do so.

Donors to the Boone Beginnings Tuition Assistance Scholarship Program:

The Albion Economic Foundation  
Applied Connective Technologies  
The Boone County Foundation  
Kent & Sheila Carder  
Columbus Area United Way  
Cornerstone Bank  
Deb & Jerry Fast  
Mike & Ellen Frey  
The Kelly Holthus Family Foundation  
Jarecki, Sharp, & Peterson P.C., L.L.O..  
Kayton International  
Kurt & Jerene Kruse  
The Mansfield Foundation  
The Nebraska Community Foundation  
JSMM Farms Partnerships, The Niewohner Family  
Dr. Mark & Pat Palmer  
Dr. Allen & Debra Wolf Parmet  
Valero Renewable Fuels  
Jay & Susie Wolf  
The Jim & Elaine Wolf Foundation



**Parent/Guardian/Household Earner 1 Information**

Last Name, First Name		Email	
Street Address	City	State	Zip Code
Does this person have any earned or unearned income? If Yes, please indicate the monthly amounts below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Earnings From Work</b>	<b>Welfare, Child Support, Alimony</b>	<b>Pensions, Retirement, Social Security</b>	<b>All Other Income</b>
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount

**Parent/Guardian/Household Earner 2 Information**

Last Name, First Name		Email	
Street Address	City	State	Zip Code
Does this person have any earned or unearned income? If Yes, please indicate the monthly amounts below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Earnings From Work</b>	<b>Welfare, Child Support, Alimony</b>	<b>Pensions, Retirement, Social Security</b>	<b>All Other Income</b>
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount

**Other Adult Earner 3 Information**

Last Name, First Name		Email	
Street Address	City	State	Zip Code
Does this person have any earned or unearned income? If Yes, please indicate the monthly amounts below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Earnings From Work</b>	<b>Welfare, Child Support, Alimony</b>	<b>Pensions, Retirement, Social Security</b>	<b>All Other Income</b>
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount

**Other Adult Earner 4 Information**

Last Name, First Name		Email	
Street Address	City	State	Zip Code
Does this person have any earned or unearned income? If Yes, please indicate the monthly amounts below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Earnings From Work</b>	<b>Welfare, Child Support, Alimony</b>	<b>Pensions, Retirement, Social Security</b>	<b>All Other Income</b>
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount

**Please provide a brief description of current need for assistance:**

**I understand that approved applications must be renewed each year by October 1 in order to continue receiving assistance for the following year. This may include applying for and receiving denial of Child Care Subsidy. If an application is not submitted by October 1, current assistance will end on December 31 of that same year. I also understand that Scholarship funds could be depleted at any time and tuition assistance would therefore immediately end.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Office Use Only**

**Family Last Name/s:**

**Family Size:**

**Monthly Income: \$**

**Approved**

**25%**     **50%**

**Dates Assistance is Approved:**

**Denied**

**Reason for Denial:**

**Authorized Signature**

**Date**