

New Canaan Nature Center Application for Financial Assistance for 2021 – 2022

The New Canaan Nature Center has a limited amount of financial assistance funds available for families falling on or below the Low Income Line of the State Median Family Income. These income lines are published annually by the State. This assistance is available on a first come first serve basis and applied to tuition based programs ONLY. This does not include 'add-ons' to tuition based programs, or fees associated with processing payments or other administrative fees. One Application per Household, per annum, per program. Financial Assistance is calculated per household regardless of the number of children in the household who will participate in the program.

If you are interested in being considered for financial assistance please fill out the application below. The application must be filled out in its entirety, and be submitted with requested supporting documents. Incomplete applications will not be considered.

Program: (circle one) **Preschool** **Afterschool Program** **Summer Camp**

Program Year: _____

Semester Dates: _____

Tuition Cost: _____

Child 1 Name	<i>First</i> <i>Last</i>	Birth Date	/ / /
Child 2 Name	<i>First</i> <i>Last</i>	Birth Date	/ / /
Child 3 Name	<i>First</i> <i>Last</i>	Birth Date	/ / /

Home Telephone _____ **E-Mail** _____

Home Address _____
Street Town State Zip

Parent #1 _____ **Work/Cell Phone** _____
circle one

Employer Name & Address _____

Parent #2 _____ **Work/Cell Phone** _____
circle one

Employer Name & Address _____

Total annual household income:

- Below \$25,000
- \$25,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- \$100,000 - \$125,000
- Over \$125,000

Total number in household: _____

Names of household members: _____
household members con't: _____

Please provide the most recently filed IRS Form 1040

Please provide most recent paystub

Please provide proof of other income (Government assistance, proof of child support etc)

Notification

You will be notified about your financial aid award and your expected household contribution within three weeks of submitting your complete financial aid application, including all forms, statements and tax documentation. Funds will be Applied to the tuition cost and payment of the balance will be due based on the terms of payment for the program.

I certify that the information in the application is true and correct and that the forms provided are the most up to date, accurate, IRS filings, forms and stubs. I understand that the New Canaan Nature Center will use this information to determine my income status based on the State Median Family Income scale and that only families who fall into the Low, Very Low or Extremely Low Limits will be awarded. I understand that if there are no longer funds available that my application will be declined.

Parent 1 Name _____ Parent 1 Signature _____ Date _____

Parent 2 Name _____ Parent 2 Signature _____ Date _____

Please return the completed application and required documents to
New Canaan Nature Center
144 Oenoke Ridge
New Canaan, CT 06840

Attn: Finance Office

For Office Use Only: *Date Financial Assistance Application Rec'd:* ___/___/___

Tuition Cost: \$ _____

Award amount: \$ _____

Expected Household Contribution: \$ _____

Date Financial Assistance Decision communicated: ___/___/___

Date Enrollment confirmed/withdrawn: ___/___/___