



Procedures for Determining Financial Assistance & Scholarship Funding

The following procedures outline the process by which financial assistance is distributed to families based on their needs.

1. The family determines that they would like to apply for assistance. Financial Assistance is determined using the primary caregivers income in divorced or separated situations.
2. The family completes the Financial Assistance and Scholarship Application Form, attaching necessary forms for proof of need to include:
 - A. Copy of the most recent Federal Tax Return
 - B. 2 current paycheck stubsOR
Statement of State/Federal Financial Assistance or other income verification for ALL household income.
3. The completed application can be mailed, delivered or faxed to the address below for review.

The Learning Center of Southwest Iowa
c/o Financial Assistance/Scholarship Program
1715 W. Prairie Street, Suite A
Creston, IA 50801
Fax: 641-782-3580
4. The TLC Financial Committee is responsible for the review of the application for Financial Assistance or Scholarship Funding.
5. The TLC Financial Committee member that reviews the application will complete the Student Rate Determination Form and submit it to the student's file at The Learning Center of Southwest Iowa.
6. The TLC Financial Committee will contact the family to inform them of the Financial Assistance or Scholarship Funding and the hourly rate their sessions will be subject to.

*Applications may be reviewed every 6-12 months.

*Fees are subject to change.

Revised 02.15.16



**FINANCIAL ASSISTANCE
 SCHOLARSHIP
 APPLICATION**

APPLICATION INFORMATION:

Date of Application: _____

Name (first name, middle initial, last name): _____

Please Circle One: Male or Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

ALL PERSONS LIVING IN THIS HOUSEHOLD:

Place a check mark for each family member to be on membership. If more space is needed please use the back of this form.

- _____ Adult: _____ Age: _____
- _____ Adult: _____ Age: _____
- _____ Child: _____ Age: _____
- _____ Child: _____ Age: _____
- _____ Child: _____ Age: _____
- _____ Child: _____ Age: _____
- _____ Child: _____ Age: _____
- _____ Child: _____ Age: _____

TO QUALIFY FOR FINANCIAL ASSISTANCE OR SCHOLARSHIP FUNDS, PLEASE PROVIDE THE FOLLOWING:

Please share your current monthly household income: \$ _____

Primary source of income: _____

Please include verification of ALL household income. This should include a copy of the most recent Federal Tax Return and 2 current paycheck stubs or Statement of State/Federal Financial Assistance.

Please indicate any other things we should consider: _____

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and document to support the above statements. I understand that financial assistance is based on need. In the event that my child(ren) must cancel their participation, I will contact TLC so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Send this from with attached verification to TLC, 1715 W. Prairie St, Suite A, Creston, IA 50801. All financial information is strictly confidential and is destroyed following the application process. **Please allow 10-15 business days for your application to be reviewed and a reply given.**

Signature

Date

This application must be renewed every 6-12 months.

FINANCIAL ASSISTANCE & SCHOLARSHIP GUIDELINES:

TLC asks people to complete a confidential application. TLC strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in our program and services.

How is the financial assistance amount determined?
 We offer a sliding fee scale based on the annual household income and the number of dependents whether applying for single or family tuition.

FOR OFFICE USE ONLY:

New or Renewal: _____ Annual Income: _____

Scholarship Assistance % _____ \$ _____

Amount applicant is expected to pay: _____ %

Per Session Rate: \$ _____

Comments: _____

Staff Signature: _____ Date: _____

Director Signature: _____ Date: _____