



## Financial Assistance Application

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

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Parent Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

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Please answer all the questions on this sheet and the attached application.

I, \_\_\_\_\_ certify that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FAMILY EXPENSES (please give annual figures)

- a. Taxes \_\_\_\_\_
- b. Rent and Utilities \_\_\_\_\_
- c. Telephone \_\_\_\_\_
- d. Child Care \_\_\_\_\_
- e. Red Balloons Tuition \_\_\_\_\_
- f. Tuition (please list separately for each family member and school)  
\_\_\_\_\_  
\_\_\_\_\_
- g. Food \_\_\_\_\_
- h. Insurance \_\_\_\_\_
- i. Clothing \_\_\_\_\_
- j. Loan repayments (please specify on back) \_\_\_\_\_
- k. Miscellaneous (please specify on back) \_\_\_\_\_
  
- TOTAL EXPENSES \_\_\_\_\_

**Please enclose a copy of your family's most recent Tax Return with this application, along with your 2012 W-2 form.**

**Financial Information**

FAMILY ASSESTS (please give annual figures)

	Current Year	Estimate of next year
Salary and wages (before taxes)	_____	_____
Other income	_____	_____
a. interest on savings	_____	_____
b. investment income	_____	_____
c. support payment	_____	_____
d. social security benefits	_____	_____
e. scholarships	_____	_____
f. cash, savings, and checking account	_____	_____
g. other (please specify)	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL INCOME</b>	_____	_____

1. Please indicate how many children you will have enrolled in each of our classrooms for the 2013-14 school year.

Yellow Room: 2's \_\_\_\_\_ Blue Room: 3's \_\_\_\_\_ Orange Room: 4's \_\_\_\_\_

2. Please give us some information about your family, including those attending other schools.

Age of child	Program for 2013-14

3. Do you have any of the following affiliations:

- Barnard College**
  - Student**
  - Faculty**
  - Staff**
  
- Columbia University**
  - Student**
  - Faculty**
  - Staff**

4. How much assistance do you need to afford the cost of the Center? (Please indicate a specific dollar amount)

\$ \_\_\_\_\_

5. Are there special circumstances that create special financial needs that you would like the committee to consider? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Scholarship awards are based on need. The Red Balloon admits children of any race, color, national and ethnic origin. It does not discriminate against any child on the basis of sex, race, color, national or ethnic origin in the administration of its educational policies or scholarship programs, and other Center-administered programs.*