

**Infant Toddler Children's Center
149 Central St.
Acton, MA 01720
978-263-2064**

OPTIONS FOR FINANCIAL AID

The Infant Toddler Children's Center is a private non-profit center which relies primarily on tuition to meet its operating expenses. All are welcome here. We recognize that a diversity of families and children help to make a rich and interesting community. In order to help make it possible for families of all incomes to attend ITC, offer two scholarship options.

1. ITC Financial Aid

ITC offers discounts to families based on monthly income as scholarship funds are available. In order to receive a tuition scholarship, ***please fill out this application, including the family income section on the back of this form, and return it to the ITC Director.*** This information will be kept confidential. All decisions concerning financial aid are made at the discretion of the Director as funds are available. Since we have limited financial aid for tuition assistance, we count on your honesty in completing this form.

Name: _____

Address: _____

Telephone: (home) _____ (work) _____

Child's Name: _____

Group child is in: _____

I affirm that the information on the back of this application is accurate to the best of my knowledge.

Parent Signature _____ Date _____

2. State Voucher Program and Local Council for Children Scholarships

This is a program funded by the Massachusetts Department of Early Education and Care to make early care and education more affordable for families. In addition there is some local scholarship money available for preschool children who meet income requirements. In order to qualify for a voucher, parents/guardians must:

Work either full or part-time or be in a training program or undergraduate degree

Be income eligible:

Family of 2 earning up to \$30,378-\$51,643 per year

Family of 3 earning up to \$37,526-\$63,994 per year

Family of 4 earning up to \$44,674-\$75,945 per year

Family of 5 earning up to \$51,822-\$88,097 per year

For an application for this program, contact Betsey Sweet at the Community Partnerships Office at 978-263-1827

Total Gross Monthly Income:

Monthly wages from all contributing adults: \$ _____

Child support/alimony per month: \$ _____

SSI/disability per month: \$ _____

Other: (i.e. savings, unemployment, investment income, dividends,
rental income, business income) \$ _____

Total gross monthly income: \$ _____

Why are you requesting financial assistance?