



ABC of NC Child Development Center

905 Friedberg Church Rd  
Winston Salem, NC 27127

(336)251-1180 (o)  
(336)251-1181 (f)

## Financial Aid Application

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

Application Completed By: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*In order to ensure that your child's financial aid application is considered, please read the following guidelines carefully before completing the application.*

- **Attach a copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for every member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service. If you are exempt from filing, based on IRS requirements, you must attach document(s) showing ALL annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), W-2(s), 1099's, interest statements, Medicaid statements, etc.] for every member of your household. If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.**
- **All parent(s)/legal guardian(s) must sign the signature line(s) on page 4.**

### Client Information

Last Name:		First Name:		Middle Name:	
Date of Birth:	Sex/Gender:	Social Security Number:		Preferred Name:	
Race/Ethnicity:		Child lives with:		Primary Language:	
Street Address:					
City:		State:	Zip:	County:	
Primary Diagnosis:		If other(s), please specify:			

**Parent/Guardian (A) Information**

Last Name:		First Name:		Middle Name:
Date of Birth:	Sex/Gender:	Race/Ethnicity:		Preferred Name:
Relationship to Student:			Profession:	
Street Address:				
City:		State:	Zip:	County:
Email Address:		Primary Language:		Education Level:
Home Phone:		Cell Phone:		Business Phone:

**Parent/Guardian (B) Information**

Last Name:		First Name:		Middle Name:
Date of Birth:	Sex/Gender:	Race/Ethnicity:		Preferred Name:
Relationship to Student:			Profession:	
Street Address:				
City:		State:	Zip:	County:
Email Address:		Race/Ethnicity:		Education Level:
Home Phone:		Cell Phone:		Business Phone:

**Legal Information**

Has the court ever been involved in granting custody?	If yes, when and why?
Who has legal custody of the child?	

Please explain any unusual family expenses or financial circumstances that may alter the information found on your tax return (e.g. recent unemployment, death, etc.)

Event/Situation	Date(s)

### Financial Information

List any family member currently receiving assistance from any governmental agency (e.g. DSS, DHHS, CAP, public housing assistance, food stamps, unemployment, social security, etc.) not reflected on your tax return.

Source of Support	Person Receiving Support	Average Monthly Amount	Comments

### Additional Information

Have you ever previously applied for an ABC of NC scholarship or financial aid?	Have you ever received an ABC of NC scholarship or financial aid?
Have you ever received services through ABC of NC or the Autism Clinic? If so, indicate service(s) and date(s).	Are you currently receiving services through ABC of NC or the Autism Clinic? If so, indicate service(s) and start date.

### Service(s) Request

Indicate by placing a check beside any/all programs for which you would like to be considered for financial aid. You may go to our website [www.abcofnc.org](http://www.abcofnc.org) for a full description of these services.

Tuition-Based Services	
<input type="checkbox"/>	Intensive 1:1 Instruction
<input type="checkbox"/>	Group Instruction (PIC, JRC, ARC, ECC-E, ECC-M/H)
<input type="checkbox"/>	Buddy Club
Hourly Services	
<input type="checkbox"/>	Intensive Diet Expansion Program
<input type="checkbox"/>	Intensive Toilet Training Program
<input type="checkbox"/>	Facilitated Peer Play
<input type="checkbox"/>	Family Sessions
<input type="checkbox"/>	Parent Education Services

