

The Nature Preschool Woodpecker TAP (Tuition Assistance Program)



The Nature Preschool at Irvine Nature Center believes that all children have a right to learn and play through experiences in the natural world. Friends of The Nature Preschool agree and have donated generously to create the Woodpecker TAP (or Tuition Assistance Program) to help offset the cost of tuition and Before and AfterCare for families. This assistance may be up to 40% of full tuition after the security deposit.

DIRECTIONS Only complete TAP applications will be considered and awarded with the intention of awarding families with the strongest need the greatest amount. Please note, a general Nature Preschool enrollment application must also be completed. **TAP applications are due January by January 10.**

- 1) Complete this form entirely. Each guardian with financial responsibility for the child must sign.
- 2) Write and include a personal statement. See second page for more information.
- 3) Submit a copy of the portions of your most recent tax return(s) documenting any income and gifts. Please be sure to black out any social security numbers.
- 4) Submit your completed application (all 3 components). While we prefer applications be submitted by mail or in person, we will accept applications emailed to RooneyK@ExploreNature.org. Please address all applications to: Irvine Nature Center Attn: Katie Rooney; 11201 Garrison Forest Rd. Owings Mills, MD 21117.

APPLICATION All information contained in this application and supporting documents will be kept confidential. Information will only be used by Irvine Nature Center to determine eligibility and the most equitable way to best meet our community's needs.

Child's Full Name:	C	Date of birth:	
Child's Full Name (if applying 2 st	udents):	Date of birth:	
PRESCHOOL SCHEDULE			
Class Schedule Desired: (Please se	,	Expected Before or AfterCare Needs: (Check all that apply.) BeforeCare (8:30-9am): M_ T_ W_ Th_ F AfterCare (2-5pm): M_ T_ W_ Th_ F	
□ Full-days Mon-Fri (9-2pm)	'		
□ Full-days M/W/F (9-2pm)			
□ Full-days T/TH (9-2pm)	= ///tereare (2 Sp		
☐ Mornings T/TH (9-12 pm)			
FINANCIAL INFORMATION			
	onsible for the child, please provide t	ne following information:	
Parent/Guardian Name	Total Employment Income from		
,	Last Year (wages, tips, etc.)	the Current Year (wages, tips, etc	



(NAME)

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(DATE)

Does your family receive any other taxable income? Please include amount.:

Social security:	Veteran's Benefits:	Worker's Comp:
Child Support:	Inheritance:	Capital Gains:
•	vernment subsidized aid? (Please che	
☐ Energy Assistance ☐ SNA		re Scholarship(CCS)
□ Emergency Assistance to Families w	· · ·	Temporary Cash Assistance
☐ Medical Assistance (including Medical Assistance)	caid, MD Children's Health Insurance F	Program)
The MSDE Child Care Scholarship Pro	gram (CCS) is a state program for elig	ible families to assist with paying for
child care. To learn more visit https://	<u>earlychildhood.marylandpublicschool</u>	s.org/child-care-providers/child-care-
scholarship-program Families that qua	alify for the CCS may still be eligible fo	r Woodpecker TAP!
Did you apply for CCS? □Yes □No	Do you plan to apply? □	Yes □No
If you did apply, please share what an	nount you were awarded in the past: _	
EXPECTED ABILITY TO PAY		
How much do you predict you can rea	asonably afford per month for the upo	oming school year?
	e: grandparents) contribute per mont	• • • • • • • • • • • • • • • • • • • •
Is enrollment in the Nature Preschool		 Yes □No □Maybe
PERSONAL STATEMENT		
	of 300 words or less on an additional	niece of naner
•	ce of tuition assistance to your family.	
·	ances not evident on your tax return (
	I circumstances or hardships that you	
, , ,	n enrollment at The Nature Preschool.	,
·	on of 'Explore. Respect. Protect Nature	
• State now, why having a mission	or or Explore. Nespect. Frotect Nature	:. Speaks to your faililly.
STATEMENT OF ACCURACY		
I reviewed the application and certify	that the information is correct to the	best of my knowledge. I understand
that the information is subject to revi	ew and verification at any time. I unde	erstand that misrepresenting
information will result in termination	of eligibility for tuition assistance at a	ny time.
(NAME)	(SIGNATURE)	(DATE)

(SIGNATURE)