



FOR OFFICE USE ONLY

Date Received:

Staff Initials:

## MIT TCC Child Care Scholarship Programs APPLICATION FOR 2016-2017

Please read the **Child Care Scholarship Program Fact Sheet** prior to completing this application. This application should be submitted only **after** you have been offered a space at TCC.

Please make sure **EVERY** field is completed before returning this application. Contact your department administrator or Human Resources Officer (HRO) if you are not sure how to complete a field.

This application must be completed by the MIT-affiliated employee, postdoctoral associate or postdoctoral fellow (the "MIT Sponsor"). Please see the Child Care Scholarship Program Fact Sheet for additional information.

### **PART ONE: PARENT ONE ("MIT SPONSOR")**

Please print clearly. Complete this form in blue or black ink.

#### **General Information**

DATE	
I am applying for the Scholarship Program for: (check one)	
<input type="checkbox"/>	MIT Employees (including Postdoctoral Associates)
<input type="checkbox"/>	Postdoctoral Fellows
I am:	
<input type="checkbox"/>	A first-time scholarship applicant
<input type="checkbox"/>	A current scholarship recipient, reapplying for 2016-2017
NAME (FIRST, MIDDLE INITIAL, LAST)	
MIT I.D. #	
MIT AFFILIATION	
____ FACULTY	____ STAFF
____ POSTDOCTORAL FELLOW	
____ POSTDOCTORAL ASSOCIATE	____ OTHER (PLEASE EXPLAIN): _____

#### **MIT Contact Information**

MIT JOB TITLE (if applicable)	
MIT DEPARTMENT	MIT PROGRAM (if applicable)
MIT PHONE	MIT EMAIL

**Home Contact Information**

HOME STREET ADDRESS (Local)	
CITY, STATE, ZIP CODE	
HOME PHONE	HOME EMAIL ADDRESS (if any)

**Other Employment/School Information**

<p><b>FOR EMPLOYEES ONLY:</b></p> <p>DO YOU WORK AT LEAST 50% OF A REGULAR WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, HOW MANY HOURS PER WEEK? <input type="checkbox"/> IF YOUR SCHEDULE IS IRREGULAR PLEASE PROVIDE DETAILS IN A SEPARATE LETTER.</p> <p>ARE YOU: <input type="checkbox"/> Paid Monthly OR <input type="checkbox"/> Paid Weekly</p>
<p><b>FOR EMPLOYEES, POSTDOCTORAL ASSOCIATES, AND POSTDOCTORAL FELLOWS ONLY:</b></p> <p>APPOINTMENT START DATE (if any) _____</p> <p>APPOINTMENT END DATE (if known or expected) _____</p>

**Marital and Citizenship Status**

<p>MARITAL STATUS:</p> <p><input type="checkbox"/> SINGLE OR WIDOWED <input type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER</p>	<p>_____ VISA TYPE (IF APPLICABLE)</p> <p>_____ COUNTRY</p>
<p>CITIZENSHIP:</p> <p><input type="checkbox"/> US CITIZEN <input type="checkbox"/> NON RESIDENT <input type="checkbox"/> RESIDENT ALIEN</p>	

**PART TWO: PARENT TWO (Please complete for spouse or domestic partner)**

<p><b>RELATIONSHIP TO PARENT ONE (MIT SPONSOR):</b></p> <p><input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> NOT APPLICABLE</p>
<p><b>NAME (FIRST, MIDDLE INITIAL, LAST)</b></p>
<p><b>MIT AFFILIATION</b></p> <p><input type="checkbox"/> NONE <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> POSTDOCTORAL FELLOW</p> <p><input type="checkbox"/> POSTDOCTORAL ASSOCIATE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____</p>

**STATUS: PARENT TWO**

Please indicate spouse/partner’s status by checking the appropriate box below and completing the corresponding information.

**Student (must be full-time graduate student)**

NAME OF SCHOOL: _____	
ADMISSION DATE: _____	EXPECTED DATE OF GRADUATION: _____
ENROLLED FULL-TIME?   ___ YES    ___ NO	
TYPE OF FUNDING:   ___ NONE   ___RA    ___TA	
_____TYPE OF STIPEND (if any)	
_____OTHER	

**Employee (must have minimum of 20 hours per week of paid employment)**

NAME OF EMPLOYER: _____	
HIRE DATE: _____	APPOINTMENT END DATE (if known or expected) _____
EMPLOYED AT LEAST 50% OF A REGULAR WORK SCHEDULE?   ___YES    ___NO	
IF YES, HOW MANY HOURS PER WEEK?   ___ IF THE SCHEDULE IS IRREGULAR PLEASE PROVIDE DETAILS.	
ARE YOU:   ___Paid Monthly    OR    ___Paid Weekly	

**Disabled (certification by a doctor or clinic required)**

**PART THREE: ELIGIBLE CHILDREN**

**Information about your dependent child(ren):**

NAME	GENDER	BIRTH DATE mm/dd/yyyy	TAX DEPENDENT STATUS
NAME: Child One (FIRST, LAST)	__M __F		__Yes __No
NAME: Child Two (FIRST, LAST)	__M __F		__Yes __No
NAME: Child Three (FIRST, LAST)	__M __F		__Yes __No

**Information about your enrolled child(ren):**

NAME	TCC CENTER Eastgate, Koch Linc, Stata, or Westgate	CLASSROOM Infant, Toddler or Preschool	DAYS PER WEEK 2, 3, or 5	HOURS Full or Half Days (Half Days, Westgate only)	ENROLLMENT START DATE mm/dd/yyyy	ENROLLMENT END DATE mm/dd/yyyy (if known)
NAME: Child One						
NAME: Child Two						
NAME: Child Three						

**PART FOUR: REQUIRED FINANCIAL INFORMATION & DOCUMENTATION: Only submit completed application form with all required documentation. Incomplete applications will not be reviewed.**

**Attach to this application:**

Parent 1    Parent 2 (for two-parent households)

- A completed, signed copy of all pages of your 2015 **Federal Income Tax Form 1040 or 1040A** (if filed), along with applicable schedules, such as an IRS Schedule C if you were self-employed.
- Copies of Two Current Pay Stubs** (or similar information) for each parent. (If your spouse/domestic partner is self-employed, attach a copy of IRS Schedule C and any other proof of self-employment available.)
- If you are a Non-Resident Alien, or your financial documentation originates in a country other than the United States**, please supply comparable documentation to demonstrate income. **All documentation must be translated into English.**
- Postdoctoral Associates or Fellows** must include a copy of your appointment letter and documentation of any sources of funding.
- Graduate Student Partners** must include proof of enrollment status (half-time or more) and a copy of your appointment letter documenting all sources of funding.
- Additional Financial Information**, if necessary, to explain projected income as described in your application (see next page).

**Note:** In some cases, additional income documentation may be requested.

**Calculate your gross taxable family income for January 1–December 31, 2015:**

To calculate your gross (before tax deductions and before tax) family income for 2015, add together your gross (unadjusted) income for the calendar year 2015 and that of your spouse/partner for calendar year 2015. Gross (unadjusted) taxable income includes but is not limited to salary/wages, investment and real estate income, and retirement payments. Graduate students and postdoctoral fellows should include taxable RA/TA salaries or fellowship stipend support, excluding tuition.

PARENT 1 GROSS INCOME FOR 1/1/15 – 12/31/15	\$ _____
PARENT 2 GROSS INCOME FOR 1/1/15 – 12/31/15	+ \$ _____
TOTAL GROSS HOUSEHOLD INCOME FOR 1/1/15– 12/31/15	= \$ _____

**Non-taxable income for January 1–December 31, 2015:**

Indicate all other sources and amounts of income or assistance received by either parent in 2015 (tuition fellowships, veterans or G.I. benefits, Social Security, FIP-formerly AFDC, WORK FIRST, alimony, child support, unemployment, etc.).

SOURCE	AMOUNT RECEIVED IN 2015	NAME OF RECIPIENT

**Please Note:** If there is a significant difference between your **2015 income and your expected 2016 income**, please attach a detailed letter of explanation and supporting documentation to this application.

**Now estimate your gross (taxable + nontaxable) family income for Scholarship Year (9/1/16 – 8/31/17)**

ESTIMATED PARENT 1 GROSS INCOME FOR 9/1/16 – 8/31/17	\$ _____
ESTIMATED PARENT 2 GROSS INCOME FOR 9/1/16 – 8/31/17	+ \$ _____
ESTIMATED TOTAL GROSS HOUSEHOLD INCOME FOR 9/1/16 – 8/31/17	= \$ _____

**PART FIVE: STATEMENT OF UNDERSTANDING**

Please read each statement and check the corresponding box:

- I have read the Child Care Scholarship Program Fact Sheet.
- By signing below, I certify that I have attached all applicable tax forms and other income source documents including two current pay stubs for myself and two for my spouse/domestic partner.**
- I understand I must provide notification to the named office, based on my MIT affiliation, as indicated below within 30 days of any household status changes (e.g. dissolution of marriage or domestic partnership) that could affect my child custody responsibilities during the period for which I receive a Child Care Scholarship.
- I understand I must provide notification as indicated below within 30 days of any change in my or my spouse/domestic partner’s student or employment status that could affect my eligibility or the award amount.
- I understand that incomplete or inaccurate information may adversely affect the eligibility of my child(ren) under this Program up to and including repayment to MIT of any funds awarded and/or may result in adverse employment consequences for myself.
- I understand that the Child Care Scholarship Fund is limited. I understand that although I may be eligible for a scholarship, I may not be awarded a scholarship.
- I understand that all decisions for award or denial of Child Care Scholarships are final. I hereby release Bright Horizons Family Solutions and its officers, Directors, shareholders, and employees, and MIT and its officers, Directors, and agents from any claim or liability or any cause of action in relation to the awarding of scholarships for any Technology Children’s Center.
- I certify under penalty of perjury that all statements and documentation relating to this application are complete and correct.

APPLICANT SIGNATURE	DATE
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Please mail or **scan and email** this application and required supporting documentation to:

**For MIT Employees, including Postdoctoral Associates:**

Lakitha Garrett  
 Benefits Office, Room NE49-5000  
 MIT Human Resources  
 600 Technology Square, Cambridge, MA 02139  
 Phone: (617) 253-6151  
 Fax: (617) 253-2694  
 Email: [lgarrett@mit.edu](mailto:lgarrett@mit.edu)

**For MIT Postdoctoral Fellows:**

TCC Enrollment Coordinator  
 Technology Childcare Center  
 77 Massachusetts Avenue, Room 32-100  
 Cambridge, MA 02139  
 Email: [tccscholarship@mit.edu](mailto:tccscholarship@mit.edu)

**APPLICATION DEADLINES:**

New families should submit their application with their enrollment contract, or as soon as possible for the coming year. For information regarding the enrollment process, please contact TCC Campus (Renalyn Te, 617-253-1285) or TCC Linc (Jocelyn Malloy, 781-861-3850) directly.

**Please make sure that you have attached all required documentation and that you have signed the application.**