

# Financial Assistance

## Nicene Covenant Church

Nicene Covenant Church provides financial assistance to families who need child care due to employment.

### **General Program Requirements**

1. In order to qualify for this program you must be the parent or legal guardian responsible for the child/children.
2. Both parents must be employed. NCC will not offer financial assistance if both parents are not currently working full time.
3. No less than 3 paycheck stubs must be provided for each parent applying for financial assistance from all places of employment, as proof of income. Paycheck stubs must be the most recent and must be within the last two months.
4. If you are a single parent applying for assistance you must provide proof of separation. Example: divorce documents, legal separation notice, rental lease or utility bill showing separate addresses for both parents.
5. If you are a single parent applying you must provide proof of child support. Example: Proof of having applied for child care support or child support payments required or set up by the State.
6. Any applicant who submits an application with fraudulent information will be considered ineligible to apply at anytime to the program or in the future.
7. Assistance for childcare is for children enrolled full time and under the age of 4 years not yet enrolled in Florida Pre-K.

### **Application Process**

Once you have submitted all of your required documents please allow up to 30 days to process your information. Once your form has been processed you will receive a verification letter that tells you your status. This form will have an renewal date for submitting updated information.

Your form will inform you of any assistance you have received or if your application was denied and reason for denial.

We are sorry but living expense can not be taken into account when qualifying for financial assistance. This program is based solely on income and family size.

### **Renewal Process**

You will be required to update your information every 3 months. Failure to turn in updated information by the expiration date on the verification form will result in any assistance being terminated.

If you fail to pay in a timely manner your weekly fees to Grace Community School you will be terminated from the program immediately and will not be able to reapply for up to 6 months.

**By my signature below, I agree to the above guidelines and requirements for the Financial Assistance program. I understand that Nicene Covenant Church is under no obligation to offer financial assistance in any manner or amount. I agree to allow the directors of the Financial Aid program to contact agencies, places of employment and any other office necessary to validate my paperwork. I understand that if I falsify information in order to receive financial benefits that it is an act of fraud and I may be subject to prosecution.**

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Co-Applicant's Signature

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Date

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Applicant's Signature

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Date



# Nicene Covenant Church

(Grace Community Schools)

## Application for Financial Assistance



**In order for your application to be considered both parents must currently be employed.**

### Personal Information

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security# \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of Children (under the age of 18) \_\_\_\_\_

Ages of children \_\_\_\_\_

Number of children that will be attending GCS \_\_\_\_\_

GCS Location \_\_\_\_\_

### Employment Information

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

### Income Information

Weekly Income (Before taxes) \_\_\_\_\_

Child Support \_\_\_\_\_

Other Income \_\_\_\_\_

### Personal Information

Co-Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security# \_\_\_\_\_

### Employment Information

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

### Income Information

Weekly Income (Before Taxes) \_\_\_\_\_

Child Support \_\_\_\_\_

Other Income \_\_\_\_\_

By my signature below, I authorize the Financial Assistance Directors to contact my employer (s) to verify employment. **I also understand that I need to provide a minimum of 3 paycheck stubs** and my information will need to be reviewed every 3 months. I understand that by failing to produce income verification and keeping my account in good standing I may be dismissed from the assistance program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_