



***Friends of the Harwich Early Childhood
Advisory Council, Inc. Non profit, 501c3***

Emergency Tuition Assistance Application

Application Date: _____

APPLICANT INFORMATION

Name of Parent/Guardian: _____

Mailing/Residential Address: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____

HOUSEHOLD DETAILS

Number of Adults in Home: _____ Number & Ages of Children: _____

Adult(s) Employed: _____

Total Household Income (Last Month): _____

CHILD ENROLLMENT

Child's Name: _____ Age/Grade: _____

CHILDCARE PROVIDER INFORMATION

Name of Program/Provider to be Paid: _____

Address & Phone # of Provider: _____

Is this provider licensed? ☐ Yes ☐ No Relationship to Applicant: _____

EXPENSES & NEEDS

Total Monthly Childcare Expenses: _____ For how many children? _____

Please list specific needs for each child in your household:

1. Name: _____ Age: ____ Days/Wk: ____ Fee (Wk/Mo): _____
2. Name: _____ Age: ____ Days/Wk: ____ Fee (Wk/Mo): _____
3. Name: _____ Age: ____ Days/Wk: ____ Fee (Wk/Mo): _____

FINANCIAL ASSISTANCE

Current Balance of Childcare Tuition Bill: _____

What childcare fee(s) can you afford at this time? _____

How long do you expect to need this assistance? _____

COMMUNITY RESOURCES

Have you applied, if eligible, to these other sources for tuition assistance?

If yes, check all that apply:

- ☐ MA Childcare Voucher - Call Child Care Network at 888-530-2430
- ☐ Town of Harwich Preschool Family Support Program for 3 and 4 year olds
Email Ashley Symmington preschool.support@harwich-ma.gov
- ☐ Town of Chatham Dr. Florence Seldin Preschool Family Support Program for 3 and 4 year olds - call 508-945-5100
- ☐ Monomoy Community Services for families residing and/or working in Chatham - call 508-945-1501
- ☐ Bailey Boyd Childcare Subsidy for Harwich residents - email Carol at cbergen@baileyboyd.com
- ☐ Shannon and Maggie June Hubbard Charitable Fund
<https://allmomsareheroes.com/application/>
- ☐ Lower Cape Emergency Childcare Fund - call Cape Cod Children's Place, 508-240-3310
- ☐ Shaw Fund for Mariner's Children - call 978-465-7999

Have you applied to these sources for financial support?

- ☐ The [Outer Cape WIC program](#) 508-240-0853
- ☐ SNAP - supplemental nutrition assistance program - <https://dtaconnect.eohhs.mass.gov/apply>
- ☐ Local Food Pantry Family Pantry of Cape Cod (508) 432-6519, Hands of Hope Outreach (508) 432-1312, Chatham food pantry 508-945-1813
- ☐ Homeless Prevention Council <https://www.hpccapecod.org/> (508) 255 - 9667
- ☐ Lower Cape Outreach 508-240-0694 lcoc@lcoutreach.org
- ☐ Cape Cod Times Neighbor's Fund 508-778-5661 email info@neighborsfund.org

ADVOCACY & CIRCUMSTANCES

Is there someone who would advocate for your circumstances? _____

Advocate Name & Phone #: _____

Reasons for applying for these funds at this time:

Anything else you would like the committee to know?

VOLUNTEERISM

Are you willing to volunteer your time during one of our Emergency Tuition fundraising events?

☐ Yes ☐ No

VERIFICATION

I hereby verify that the information provided above is correct.

Your Signature: _____ Date: _____

Referring Agency Signature (if applicable): _____

SUBMISSION INSTRUCTIONS

Please fill out all information. You are encouraged to provide supporting documentation regarding your circumstances and finances. Review includes a conversation with you and your provider.

Submit to:

Friends of the Harwich Early Childhood Advisory Council
Attn: Lucy Gilmore, Monomoy Early Childhood Coordinator
Harwich Elementary School, 263 South Street, Harwich, MA 02645

Email: lgilmore@monomoy.edu | **Phone:** 508-430-7216 x3044

Reviewed by:

Approved date and amount:

