



**SFO Airport Employees  
Child Care Tuition Assistance Application**

**Today's Date:** \_\_\_\_\_

**1. Child's Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**2. Child's Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Badge #** \_\_\_\_\_

(Please provide a copy of your SFO Badge)

**Spouse/Partner Name (If Applicable):** \_\_\_\_\_

**Home Address** \_\_\_\_\_

(Full Address, include Street, City, State, and zip code)

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **# of Dependents under 18 years old** \_\_\_\_\_

**Gross Family Income For This Year**      \$ \_\_\_\_\_

(Line # 22 Total income Federal 1040 Tax Return)

**Monthly Gross Family Income**      \$ \_\_\_\_\_

(Be sure to include child support, unemployment or disability insurance payments or all other source of income.)

**San Francisco Airport and Palcare strive to provide quality childcare available and affordable to families when possible. All requests for financial assistance will be considered subject to the following guidelines. Please read:**

1. **Demonstration of financial need:** Employee must directly work at SFO.
  2. **Income Level qualification and verification of income:** Tuition Assistance applications must be submitted with verification of stated income from all sources. Incomplete applications will not be considered. Employee must provide two recent consecutive paystubs, including spouse if applicable. Must also include any other income that may contribute to your monthly or annual income. Also Employee may also present the previous years tax form (1040 tax return, front page).
  3. **Availability of funds:** Income qualification based on sliding scale limits does not guarantee that tuition assistance will be awarded. Limited funds are available and are distributed to those with the greatest need. Applicants who are not awarded tuition assistance at the time of application will be placed on a wait list for availability of funds.
  4. **Monthly Maximum Tuition amount:** Based on the income provided your family may qualify for a monthly fee based on your families combined gross monthly income. If your family does not qualify for the sliding scale, your family could qualify based on your gross annual income. Tuition would then be based on 15% of your combined income (per child). If this amount is lower than the actual monthly tuition your family would only be responsible for that amount.
  5. **Re-Certification of Eligibility:** Each family will be asked every six months to resubmit recent paystubs and your annual income in the form of a tax return 1040. You will also be required to submit a copy of your badge.
  6. **Change in financial or family status:** When there is a change in a family income or family status that affects continued eligibility or the level of tuition assistance received, the employee is required to notify Palcare within a two-week period.
  7. **Termination of Assistance:** Termination of employment with SFO will result in termination of tuition assistance for any future childcare expenses not yet billed or paid.
  8. **Privacy and Confidentiality of Information:** The information provided on this application and during the annual recertification process is retained by Palcare and is treated the same way similar documents with regards to privacy and confidentiality. Palcare will contact SFO to verify employment or if special or unusual circumstances arise regarding either employment or status of eligibility. The employee name and tuition assistance amount will be shared with SFO personnel as a required part of the Childcare billing process.
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**I have read the tuition assistance guidelines and included income verification and a copy of my SFO badge with this application. I understand that my application will be considered in the order in which it is received and is subject to review every six months. I understand that I am required to notify Palcare of any significant change in family income, family status or SFO employment.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_