

# DR. EMILLA TSCHANZ SLIDING SCALE TUITION PROGRAM

## HSU CHILD DEVELOPMENT LAB

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### **Application for the current year**

The Sliding Scale Tuition Program is made possible by a trust fund in the memory of Dr. Emilla Tschanz, the faculty member at Humboldt State who was the primary force in the creation of the Child Development Lab (CDL).\* The purpose of the sliding scale tuition program is to enable families to attend who would not be able to do so without financial assistance.

Criteria for participating in the Sliding Scale Tuition Program, as established by the Fund, include:

1. The applicant family must have an income that falls between the levels indicated on the application form.
2. The applicant family must have the ability to pay the balance of the payment beyond the scholarship.
3. The applicant family enrollment must enable the CDL to more accurately reflect the population mix socially, culturally, economically and ethnically of Humboldt County.
4. The child is enrolled for all five (5) days of the morning session or all four (4) days of the afternoon session.
5. The applications will be processed in order of receipt.

The Sliding Scale Tuition Program reduces the tuition fee for the semester based upon the family's gross monthly income level as documented in the application. All tuition payments are due before the beginning of the semester or at predetermined installment dates (see current year CDL "Additional facts" sheet). The scholarship cannot be used in conjunction with State or Federal Child Care Vouchers.

Families wishing to participate in the Sliding Scale Tuition Program must complete the regular application for enrollment, be accepted and then submit the Sliding Scale application and a copy of their most recent income tax forms. The application and documentation must be returned to your Head Teacher within one week of receipt. Failure to return the application and documentation within one week may result in rejection of the application. The family will then be responsible for paying the full tuition fee. Families, whose applications are complete, will be notified of program approval and tuition cost within two weeks of application receipt.

If a family situation changes at any time during the academic year, the family should contact their Head Teacher to have their scholarship status reconsidered. If a family has participated in the Sliding Scale Tuition Program in a previous year, they must reapply at the beginning of each school year.

By providing Family Scholarships, the CDL is more able to accomplish its academic mission:

- a. To provide a learning center for college students that is reflective of the social-cultural diversity of the state
- b. To maximize the learning experience of the children enrolled in the CDL so that they can understand the value of diversity in society and identify common ground of all people; and
- c. To enhance the parent-child-staff interactions in a culturally diverse community.

**CONFIDENTIAL APPLICATION**

**Section I: Family Identification**

Children in the home:

Names of children: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrolled? \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_ Enrolled? \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_ Enrolled? \_\_\_\_\_

Parent(s) or Guardian(s) in the home:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide the names and relationships other household members: \_\_\_\_\_

**Section II: Family Income and Size Eligibility**

Eligibility is based on documentation and verification of your family’s gross or total earnings before taxes and benefits are deducted of *all income sources*.

Gross annual family income from all sources: (Adjusted Gross Income – see tax return) \$\_\_\_\_\_

Family Size for purposes of determining eligibility: \_\_\_\_\_

Gross Family Income						AM Tuition	AM with aftercare*	PM Tuition	Pm with aftercare*
Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7				
\$0 - 13,900	\$0 - 15,650	\$0 - 17,350	\$0 - 18,750	\$0 - 20,150	\$0 - 21,550	40	75	40	90
\$13,901 - 23,200	\$15,651 - 26,100	\$17,351 - 28,950	\$18,751 - 31,300	\$20,150 - 33,600	\$21,551 - 35,900	180	225	144	252
\$23,201 - 37,050	\$26,101 - 41,700	\$28,951 - 46,300	\$31,301 - 50,050	\$33,601 - 53,750	\$35,901 - 57,450	360	450	288	504
\$37,051 - 46,300	\$41,701 - 52,100	\$46,301 - 57,900	\$50,051 - 62,550	\$53,751 - 67,150	\$57,451 - 71,800	540	675	432	756
\$46,301 - 55,600	\$52,101 - 62,550	\$57,901 - 69,500	\$62,551 - 75,050	\$67,151 - 80,600	\$71,801 - 86,200	720	900	576	1008
\$55,601 - and above	\$62,551 and above	\$69,501 and above	\$75,050 and above	\$80,601 and above	\$86,201 and above	900	1125	720	1260

\*The aftercare program has limited availability based on the needs of individual families (work schedule, etc.).

**Section III: Affirmation and Signature**

1. I affirm that to the best of my knowledge and belief the above statements are true.
2. I will notify the agency within ten days when there is any change in my income or family size.
3. I affirm that payment of CDL tuition is my responsibility.
4. I understand that the information pertaining to my eligibility is subject to review.
5. I understand that tuition is payable in advance of each half semester.
6. I understand that in order to participate in this subsidy, my child must be enrolled for the full week in either session.
7. I understand that in the event of the denial of this application, I have the right to have the knowledge of the reason for denial and to request a review.
8. I understand that tuition is non-refundable.

\_\_\_\_\_  
**Printed name    Signature    Relationship to child                          Date**

The University affirms and protects the rights of people participating in University programs without discrimination. No family shall on the basis of race, color, gender identity/ expression, genetic information, religion, age, sexual orientation, marital status, pregnancy, disability, veteran status or national or ethnic origin be excluded from participation in, be denied the benefits of or be otherwise subjected to unlawful discrimination, including discriminatory harassment, under any program of the University. To file a complaint, please contact the Community Care Licensing office located at 749 F Street, Arcata, California 95521. To file an appeal, contact the CDL Program Director at (707) 826 – 3475.