## anna bing arnold California State University, Los Angeles

**Application Form** 

Child's Name:	Child's Sex:	(M/F) Birth Date:	Age
Street Address:		Home phone:	
City:	Zip:		
Parent/Guardian Name:		CIN#:	
Cell phone:	Work phone_		
E-Mail:			
Check one:  Cal State L.A. Student			unity
Parent/Guardian Name:		CIN#:	
Cell phone:	Work phone		
E-Mail:			
Check one:			
Hours of Enrollment: (Please fill in app Monday T	ropriate days/hours requested) Juesday Wednesday	Thursday	Friday
FROM			
ТО			

## **Subsidized Funding Program**

(See reverse side for family income eligibility) Funding is based on need (school, work or both). Applying for subsidized funding program?:\_\_\_\_\_ (yes/no).

If applying for any subsidized program, please attach proof of income for two consecutive months (ie. paystubs, Calworks, Calfresh, unemployment, disability, financial aid academic summary, child support, etc.), current federal income tax to application.

Gross Monthly Family Income \$\_\_\_\_\_ Total Number in Family:\_\_\_\_\_ (Children & Adults)

Signature of Parent or Guardian:\_\_\_\_\_ Date \_\_\_\_\_

## Subsidized Funding Program for Income Eligible Families

Income (	Ceiling
Number of persons in	Gross Monthly
the family	Income
1-2	\$4,030
3	\$4,340
4	\$4,877
5	\$5,656
6	\$6,438

Submit application and attach proof of income for two consecutive months (ie. paystubs, Calworks, Calfresh, unemployment, disability, financial aid academic summary, child support, etc.), current federal income tax to application.

Office Use			
DATE	E- Mailed	Called	<pre># no service</pre>