

# Application for NU Child Care Fee Assistance For University Children's Center @ Northwestern University

This application will be kept confidential. Contact the Office of Work/Life Resources at (847) 491-3612 with questions about the application process. Please return your completed Designation Form and the NU Fee Assistance application with attached most recently filed Federal 1040 Tax Form to:

Evanston Human Resources  
Attn: Lori Anne Henderson, Work/Life Resources  
720 University Place #106  
Evanston, IL 60208

Date of Application: \_\_\_\_\_

Name(s): \_\_\_\_\_

University WildCard ID #: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

NU School / Employing Department: \_\_\_\_\_

Affiliate Type (Circle)

Faculty                      Staff                      Graduate Student  
Full-Time Status      Part-Time Status      Benefits Paid by the University

Names of Child(ren) to be Enrolled: \_\_\_\_\_  
\_\_\_\_\_

Classroom:      Infant                      Toddler                      Twos                      Preschool  
6 wks to 14 mos.      15 to 24 mos.      24 to 36 mos.      3-5 years

Adjusted Gross Annual Family Income (from most recent 1040 Federal Tax filing): \_\_\_\_\_

**Please attach a copy of your most recently filed Federal 1040 Form for documentation.**

Other Childcare subsidy programs: (circle)

Enrolled or will enroll in Dependent Care Flexible Spending Account

Eligible for FSA University Match for income level:

below \$50,000      \$50,001 to \$60,000      \$60,001 to 80,000      \$80,001-\$100,000

Other subsidy \_\_\_\_\_ Award amount \_\_\_\_\_

For Office Use Verifications	
Department	_____
Affiliation	_____
B/E	_____
Income	_____
FA amount	_____
	_____

I certify that the information on this application is accurate. I agree to notify the Office of Work/Life Resources immediately should there be any change in my eligibility due to employment status. I understand that childcare assistance funds are not guaranteed and are based on available funds at the time of application. A fee assistance application must be submitted for annual consideration.

Signature \_\_\_\_\_

Date \_\_\_\_\_