



## 2015 – 2016 HUCTW-Harvard University Academic Enrichment Fund Application



Deadline: Monday, August 26, 2016

Please fill out one application **per child**, for enrichment expenses incurred between September 1, 2015 and August 31, 2016.

Your name \_\_\_\_\_

Harvard ID \_\_\_\_\_

Daytime phone \_\_\_\_\_

Preferred email address \_\_\_\_\_

Harvard department \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

How many people live in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

Adjusted gross household income from your 2015 tax return \_\_\_\_\_

Estimated adjusted gross household income for 2016 \_\_\_\_\_

If you anticipate that your 2016 household income will be less than your 2015 household income, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of child \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_

Please add any other information that would be helpful for us to know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Your Child's Academic Enrichment Program Information

Please list all the eligible academic enrichment programs in which your child participated between September 1, 2015 and August 31, 2016. If you need additional space, please use a separate sheet of paper.  
**Please also attach the official description of each program and proof of payment for each program.**

	Academic enrichment program in which your child participated	Group sponsoring the program or name of person providing service (eg: tutor's name)	Length of program or total number days, if applicable	Cost of the program
1				
2				
3				
4				
5				

*If you need more space, please use a separate sheet of paper.*

**TOTAL COST** of all enrichment programs your child participated in: \_\_\_\_\_

**Application checklist:**

- I have completed and signed my application.
- I have attached official descriptions of all programs, including cost information.
- I have attached proof of payment (deposited checks, credit card statements, etc)
- I have attached the first page of my 2015 federal **1040** tax return form.
- I have kept a copy of this application for my records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit your application to the HUCTW office by **Monday, August 26, 2016:**  
**Mail:** HUCTW Childcare Fellowship, 15 Mt Auburn St, Cambridge, MA 02138  
**Fax:** 617-661-9617  
**Email:** huctw.childcare@huctw.org

Please email or call us (617-661-8289) with any questions.