

On-site Child Care at Duke Tuition Subsidy Application Form

Eligibility: Subsidy is subject to funding through annual grants. To apply you must meet the following criteria:

- Be a regular employee of Duke University or Health System working at least 30 hours per week.
- Not have a stay at home parent or guardian who is capable of taking care of the child.
- Have an annual household income of less than \$75,000.
- Have a child enrolled at the Duke Children's Campus or The Little School at Duke.
- Both parents/guardians must be working fulltime or enrolled full time in an accredited education or training program.

Process: Please reference the "Tuition Assistance" webpage for supporting information and a full description of eligibility criteria and procedures.

- Complete this form and submit along with a copy of your most recent tax return to:
Duke HR, Office of Staff and Family Programs. 705 Broad St., Suite 201 Box 90520, Durham, NC 27708 or Fax to 919-681-8427.
- Parent eligibility must be renewed annually. Duke HR, Office of Staff and Family Programs will notify you.
- Only one child per family may receive subsidy at any given time. Subsidy may not be transferred from one sibling to another.*
- If family income is below \$30,000:
 1. You must first check you eligibility for Department of Social Services (DSS) state or county child care tuition assistance grants.
 2. Please provide a letter from DSS or other agency stating that you have applied and were not awarded a tuition assistance grant or indicating the amount of DSS tuition grant to be awarded. Once your application has been reviewed, you will receive notification of your Duke Children's Campus subsidy status within two business days.

Please check name of child care center for subsidy: ___ Duke Children's Campus ___ The Little School at Duke

Name of Duke Parent: _____ Duke ID: _____
Last First

Phone Numbers: _____
Work Home Cell

Mailing Address: _____

Duke Email Address: _____

*Name of child (children) for whom tuition subsidy is being sought (maximum of 2).

Child 1: _____ Date Birth: _____
First Last

Child 2: _____ Date Birth: _____
First Last

Parent Signature: I attest that the information provided above is true and that the attached documentation is valid. I understand that I am required to immediately notify Duke Human Resources, Office of Staff and Family Programs if my family income changes significantly during the year and that my subsidy amount would be adjusted accordingly.

Signature (Duke Parent) Date

- Attachments: _____ Copy of most recent tax return
 _____ Letter Regarding DSS Assistance Grant (if applicable)
 _____ Documentation regarding fulltime enrollment in accredited education or training program (if applicable)