



Community Day Care's mission is to educate, guide and nurture each child, while supporting families and creating community

CDC Scholarship and Preschool Sliding Scale Application

Thanks to generous donations from Community Day Care families and members of the community, CDC is happy to be able to offer both sliding scale tuition assistance for our preschool program and scholarship opportunities to prospective families.

Scholarship awards will be based on a sliding income scale, availability of funds, slots available, and number of eligible applicants. Please read the following information carefully to ensure you will be eligible for consideration.

- Parents/guardians must be employed and/or enrolled in school or a job training program (includes local community colleges, technical programs, high school completion, etc.)
 - Undergraduate students with a proven history of low-income attending four-year academic institutions may be eligible. Graduate students are NOT eligible.
- Prior to being considered for scholarship or sliding scale assistance, families must contact the local Department of Human Services (DHS) to determine eligibility for the Child Daycare Program as well as Child Care Network (CCN).
- Funds are limited. Scholarship and sliding scale assistance is designed to pay a **portion** of the total childcare cost for each child. If approved, families are expected to pay remaining fees by the monthly deadline in order to maintain their child's enrollment and scholarship/sliding scale assistance. If a family is three months in arrears, attendance will be discontinued until the past due payment is made. Additionally, the following requirements must be met:
 - An initial payment must be received prior to awarding the scholarship
 - Scholarships are paid out every three months to ensure all families have equal opportunity to apply. A reduction of childcare hours will reflect a change in the scholarship awarded.

To qualify for the preschool sliding scale tuition program or to obtain a scholarship, applicants must complete and submit the following documentation:

- Completed Application
 - Written Narrative (please attach)
- Supporting documents for income verification (required)
 - Federal tax forms **and**
 - W-2s **and**
 - Two current pay stubs for EACH household member
- Supporting documents for unearned income verification (as applicable)
 - Department of Human Services Child Day Care Assistance Letter
 - DHS Budget Report/Verification of Supplemental Nutrition Assistance Program Benefits
 - Friend of the Court statement or checks or Relia Card Statement
 - Reports documenting "Ward of Court," "Foster Child," or guardianship, custodial arrangements, and divorce/separation
 - Social security/pension report or bank statement
 - MESAC Benefit report
 - Other documents necessary to show your current financial status
- Verification of support for college/university students (as applicable)
 - Copy of current school/undergraduate schedule
 - College/university financial aid statement with budget breakdown
 - Letter from university stating value of any tuition waivers, health care, grants, scholarships

All information provided shall remain confidential to Community Day Care (CDC). However, since the purpose of this information is to obtain financial aid from CDC, the information will be subject to review by the Executive Director and the officers of the CDC Board of Directors Scholarship Committee.

Section 1: Applicant and Family Information

APPLICATION DATE: _____ First Time Applicant Renewal¹

ADULT APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (Home) _____ (Mobile) _____

EMAIL: _____ MARITAL STATUS: _____

CHILD APPLICANT NAME: _____ DATE OF BIRTH _____

We would like to be considered for: Scholarship Preschool Sliding Scale Both

What is your desired location and schedule for care?*

Preschool

Preferred location: CDC House CDC Forest

Days care is desired: Mon Tues Wed Thurs Fri

Desired schedule: AM only AM w/lunch Full Day

Kids Club

Preferred location: Burns Park Lawton

Days care is desired: Mon Tues Wed Thurs Fri

Desired schedule AM only PM only Both

School Age Summer Camp

Desired weeks of attendance: _____

Days care is desired: Mon Tues Wed Thurs Fri

Desired Schedule Full day Half day

**Actual assignment of care is subject to approval and based on space and availability*

FAMILY INFORMATION (Please list EVERYONE currently living in your household, use an additional page if necessary)

Children (first and last name)	Age	School Attending (or N/A)

¹ For renewal applications, please complete the following: **Section 1** - fill out name and update any relevant family information (only if changed from previous application); **Sections 2 and 3** - complete in their entirety including supporting documentation; **Section 4** - does not need to be submitted unless desired; **Section 5** - please sign and date

Household Members	Relationship	Date of Birth	Employment Status (full time, part time, student, unemployed, retired, other)
	Self		

Section 2: Financial Information

Please complete all that apply. Failure to disclose ALL income sources for ALL ADULTS living in the household will be grounds for an IMMEDIATE END of scholarship/assistance.

Report income for EACH ADULT living in the household (if applicable).

Sources of Earned Income	Yes	No/ N/A	Amount of Income (Gross, before taxes)	How often received?	Amount?	Expected to continue?	Date expected (if not receiving now)
Earnings/Wages of Applicant					\$		
Earnings/Wages of Second Adult					\$		
Earnings/Wages of Third Adult					\$		

Report the unearned income for EACH ADULT living in the the household.

Sources of Unearned Income	Yes	No/ N/A	Name of person receiving the income	How often received?	Amount?	Expected to continue?	Date expected (if not receiving now)
Education grants, loans, scholarships or waivers					\$		
Child support					\$		
DHS/Supplemental Nutrition Assistance Program (SNAP)					\$		
Unemployment compensation					\$		
Housing assistance					\$		
Disability benefits					\$		
Worker's compensation							
Social Security benefits					\$		
Pension/retirement benefits					\$		
Military allotments					\$		
Veteran's benefits					\$		
Money from a trust, friends or relatives, etc.					\$		
Land contract, mortgage or rental income					\$		
Other					\$		

Assets: Does the family have total assets that exceed \$20,000? The following assets may be EXCLUDED from this calculation: primary home, personal automobiles (up to one vehicle per family member of driving age), personal property (i.e. jewelry, computers, etc.) and college/retirement savings (401K, IRA, etc). Please INCLUDE checking and savings accounts, cash on hand, investments, additional homes or vacation homes, and automobiles (if you own more than one per family member of driving age) in this calculation.

No Yes* *If answering yes, please list assets and their value on a separate sheet of paper and attach to this application

Section 3: DHS Child Daycare Status

Have you applied for Department of Human Services Child Daycare Program? Yes No

Do you qualify for Child Day Care assistance? Yes No

If yes, % of coverage: _____ CASE # _____

If no, why were you denied? _____

Section 4: Narrative Letter

Please supply any additional information concerning your income, expenses or financial situation that you feel would be of assistance to the CDC Scholarship Committee in reviewing your application. We understand that the numbers do not always paint a complete picture of your family's financial need and we want your family's story to be heard.

Please write a short narrative explaining how a childcare scholarship will impact you and your family. The narrative can be two to three paragraphs. Please sign and date the narrative at the bottom. *We sincerely appreciate the time and effort you spend on your narrative.*

Section 5: Certification by Applicant

The parent/guardian certifies that all information in this application is true and complete to the best of the parent/guardian's knowledge and belief. Parent/guardian certifies that all verbal information and supporting documents furnished for the purposes of obtaining childcare financial assistance from Community Day Care and Preschool Inc. are true and complete to the best of the parent/guardian's knowledge and belief. Verification of the information contained in this application may be obtained from any source named herein. Any false statement or omission of information from this application is grounds for denial or revocation of the scholarship awarded. It is your responsibility to include income documentation, tax forms, and all additional supporting documentation of your financial status, as applicable. Refer to the checklist on the first page of this application for additional details. Please note that your application will not be processed if you do not include all of the required documentation.

SIGNATURE OF APPLICANT: _____ **DATE** _____

SECOND ADULT (if Applicable): _____ **DATE** _____

Turn in your COMPLETED APPLICATION with ALL supporting documentation to the Executive Director for review. Please feel free to call the Executive Director if you have any questions at (734) 761-7101.

Thank you.

CDC Board of Directors, Scholarship Committee