

Childcare Scholarship Application
2012-2013

STATEMENT OF PURPOSE

The purpose of the Childcare Scholarship is to provide childcare financial assistance to those parents who are pursuing financial stability, through higher education and/or full-time job training. Scholarships may only be used for childcare; payments are made directly to the childcare provider.

AMOUNT OF SCHOLARSHIP

The scholarship will provide full or partial childcare assistance based on needs of the family. Individuals may re-apply annually, as long as the family continues to meet the qualifying criteria, completes the application process, and maintains the required relationship with the referral agency. Re-applying does not automatically qualify an applicant to receive the scholarship. The scholarship is typically awarded for up to a maximum of two years, however at the committee's discretion and on a case by case basis, extenuating circumstances may allow the award of the scholarship for a longer period of time.

\$100 per week for full-time care per child

\$50 per week for part-time care per child

CRITERIA

Parents selected for child care scholarships will meet the following criteria. They must:

- 1) Attend school or be employed in Bexar County.
- 2) Be a citizen or legal resident of the United States and a resident of Bexar County.
- 3) Have demonstrated financial need.
- 4) Not qualify, or have been denied or wait-listed, for any other eligible childcare assistance.
- 5) Have a demonstrated plan for reaching his/her educational and employment goals.
- 6) Be screened by referral agents or selection committee.
- 7) Maintain a minimum G.P.A. of 2.5.
- 8) Be enrolled in school or technical skills training for a minimum of **12 hours if not working**, or enrolled for a minimum of **6 hours if working 19 hours or more** weekly.
- 9) Provide referral agent all class and/or work schedules when available, and must keep referral agent informed of changes in contact information, employment, school status.

We encourage you to enroll your child(ren) in a NAEYC accredited center or Texas Rising Star Center (3 or 4 Star). A quality child care center will provide:

- a. **Developmentally Appropriate Practices** –that includes materials, curricula, activities, and staff expectations of children's behavior that are appropriate for a child's stage of development and that support the child's development and learning.
- b. **Structural Quality** – characteristics that include staff-to-child ratio, group size, staff education and experience, and square feet of facility per child.
- c. **Accreditation** – a process through which child care programs voluntarily meet specific standards to receive endorsement from a professional agency, such as the National Association for the Education of Young Children or,
- d. **Licensed** – a document issued by the State Department to a person, a group of people, or corporation who has met the state minimum standards for child care, which allows them to legally operate a child care program.

Financial Information

1. Employment Status: Full-time Part-time Unemployed

2. If you, your spouse, or the household financial provider is employed please complete the following information:

Name of Employer	Address	Job Title
Employer of Spouse/Partner/Family		

3. Please list ALL current sources of income (**after taxes**) for calendar year 2010, January to December. **PLEASE INCLUDE SPECIFIC AMOUNTS OF ALL SOURCES SUCH AS FOOD STAMPS, HUD, UNEMPLOYMENT, CHILD SUPPORT, ETC.**
 TYPED ONLY PLEASE

a. Employment Income	
b. Spouse/Partner/ Household Income	
c. Public Assistance (TANF, food stamps, SSI, HUD)	
d. Other (for example: child support)	
Total Yearly Income:	

4. Including yourself, how many individuals are financially dependent on the household income? Please list their relation to you.

5. Do you have a scholarship, loan or grant that goes directly towards paying for education? If so, please list here. Please **do not** include this financial information in your monthly expenses section.

Financial Information Continued

6. What are your average monthly expenses? TYPED ONLY PLEASE
Please note that your monthly expenses should align with your annual income. Please ensure that your math is correct. You will lose points for incorrect math. If your monthly expenses (multiplied by twelve) are greater than your annual income, you must provide a detailed explanation as to why your budget is incorrect on a separate sheet of paper.

a. Housing	
b. Utilities	
c. Food & Clothing	
d. Transportation	
e. Medical Costs	
f. Child Care	
g. Educational Expenses *Do not list what scholarships cover	
h. Other Monthly Payments (for i. example: loans, insurance, etc.)	
Total Average Monthly Expenses:	

6. Please include anything else regarding your financial situation that would be helpful in evaluating your application in the space provided or on a separate sheet. The more information you provide, the better the committee will be able to make an informed decision.

Childcare Needs

1. Please list the names of children needing childcare

a. Name:	Age:	Gender:	Type of Care Needed: <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> After School
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list disability:			
b. Name:	Age:	Gender:	Type of Care Needed: <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> After School
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list disability:			
c. Name:	Age:	Gender:	Type of Care Needed: <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> After School
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list disability:			
d. Name:	Age:	Gender:	Type of Care Needed: <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> After School
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list disability:			

How do you currently pay for the care of your child? If you do not pay and you are not the primary caregiver, who takes care of the child and why can they no longer do so? (Please continue on a separate sheet if need be).

Other

1. Please list organizations and/or community activities in which you have been involved or volunteered.

2. Please list any special honors/awards you have received (you may attach a copy of each).

Reference Information

- 1. Please have three people complete letters of reference to the committee. They should be familiar with your life experiences and with your character. *Letters of reference from a former or current employer and/or former or current teacher are preferable. We recommend that they **not** be from friends and family members, but will accept those of that nature.* (Letters of reference generally identify an applicant's skills, attitudes, personal attributes, and growth, as well as his/her contributions and performance.)
- 2. Please submit an essay describing the short and long term personal and professional goals that you have established for yourself and how the scholarship will help you attain those goals. Please provide any additional information that you feel may be helpful to the committee in determining your merit to receive a scholarship. The more information you provide, the more informed of a decision the committee can make. If you have a resume and wish to include it, please attach it to your personal statement. **(Personal statement must be typed, double spaced, and no more than two pages.)**
- 3. Please include your most recent official transcript, high school diploma or GED certificate. If this is your first semester in college, please provide a copy of your letter of acceptance.
- 4. If you are applying and are currently enrolled in school with a GPA that is below 3.0, please submit your spring semester grades by May 31, 2012.
- 5. If re-applying, please submit the Scholarship Alumnus Form (obtained from your referral agent).

Failure to submit any of these documents (typed application, three letters of reference, essay, transcript/diploma, spring grades or Alumnus Form) may result in an automatic disqualification.

This application form must be signed and dated by the applicant.

VERIFICATION

I hereby affirm that my application for childcare assistance is accurate and correct. I understand all guidelines and requirements set forth by the selection committee. I give permission for all financial and academic information related to my application to be released upon request to the Scholarship committee.

Print Name of Applicant

Signature of Applicant

Date