

**Quality First Child Care Scholarship Program**  
**Family Application for Fiscal Year 2015 (July 1, 2014 - June 30, 2015)**

Scholarships are awarded to enrolled Quality First (QF) child care sites to distribute to eligible families based on family eligibility criteria formed by First Things First. To receive a scholarship, families must complete this application, attach the required documentation, and provide it to a QF site currently participating in the Scholarship program. The scholarship may not cover all charges; review co-pay amounts with your provider before enrollment (if applicable). For purposes of this application, a contributing member of your household includes anyone who is contributing to your child's financial well-being. To clarify your situation contact: regionalscholarships@vsuw.org or call 1-866-973-0012.

<b>Only two (2) scholarships are permitted per family household.</b>							
<b>Child's Name:</b> First	<b>Last</b>		<b>Date of Birth</b> (mm/dd/yyyy)	<b>List any special needs:</b>	<b>Tax dependent?</b>		
<b>Parent/Guardian Name:</b> First	<b>Last</b>		<b>Cell Phone Number</b>			<b>Text message Y/N</b>	
<b>Street Address</b>			<b>City</b>			<b>Zip Code</b>	
<b>Email Address</b>				<b>Alternative Phone Number</b>			
<b>Mailing Address (if different from above)</b>							
<b>2014 Federal Poverty Income Level's (FPL)</b> supplied by the U.S. Department of Health and Human Services							
<b>Family Size</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>200% of FPL</b>	<b>\$31,460</b>	<b>\$39,580</b>	<b>\$47,700</b>	<b>\$55,820</b>	<b>\$63,940</b>	<b>\$72,060</b>	<b>\$80,180</b>

\*Add additional \$4,060 for each person

**REQUIRED: Child(ren) receiving the scholarship must be a U.S. citizen or a legal resident of the U.S. To verify this information, provide one of the following:**

- Birth certificate or delayed birth certificate issued by any state in the United States
- U.S. Passport
- Social Security Card (include immunization records to verify date of birth)
- U.S. certificate of birth abroad
- Foreign passport with a United States Visa
- I-94 form with photograph
- Refugee travel document
- U.S. certificate of naturalization
- U.S. certificate of citizenship
- Tribal certificate of Indian blood
- Tribal or Bureau of Indian Affairs affidavit of birth

Please check all that apply

**REQUIRED: Household size must be defined by Option 1 or Option 2.**

**Option 1: Public Assistance**

Attach your public assistance approval letter dated within the last six (6) months listing monthly gross income and household size. (Food Stamps, AHCCCS, DES Child Care Wait List, and Cash Assistance/TANF)

According to your public assistance letter:

\_\_\_\_\_ Number of parents/guardians/contributing members in the family household  
 \_\_\_\_\_ Number of children in the family household  
 \_\_\_\_\_ Family Annual Gross Income

**You may stop here and proceed to the Parent Declarations section of this application on p. 5.**

**Option 2: Tax Records**

Attach a copy of your family's most current annual income tax return (pg.1 of tax form) with listed dependents.

**Note:** If you do not have a tax return, you may substitute: A signed personal statement indicating your household size and the reason why a tax return is not available.

**Are you or another contributing member to the household working?**  Yes/ No

**Note:** If your household has provided public assistance documentation listing monthly gross income and household size, documentation of employment is not necessary.

- Written statement from employer, including gross annual income or hourly rate; or
- One month of current consecutive pay stubs;  
 How to calculate *Gross Annual Income* (BEFORE taxes) using pay stubs to verify income
  - Monthly = 12 Pay Periods - 1 paystub
  - Twice a Month = 24 Pay Periods - 2 paystubs
  - Biweekly = 26 Pay Periods – 2 paystubs
  - Weekly = 52 Pay Periods - 4 paystubs
 Because hours worked may vary: ((Calculate the average number of hours for all provided pay stubs) X (number of pay periods) X (hourly rate)) = Gross Annual Income (GAI)

**Are you or another contributing member to the household self-employed?**  Yes/ No

**Note:** If your household has provided public assistance documentation listing monthly gross income and household size, documentation of self-employment is not necessary.

Weekly/monthly ledgers verifying gross income, receipts for business income and expense for the last three months

-or-

Signed profit and loss statement

**Are you or another contributing member to the household unemployed?**  Yes/ No

**Note:** If your household has provided public assistance documentation listing monthly gross income and household size, documentation of unemployment is not necessary.

If receiving unemployment benefits, provide an unemployment insurance statement or letter from your previous employer

-or-

If parent/guardian is a stay-at-home guardian, provide a signed personal statement

**Are you homeless?**  Yes/ No

**Note:** If your household has provided public assistance documentation listing monthly gross income and household size, documentation of homelessness is not necessary.

Provide a signed statement from your case manager

-or-

A signed personal statement explaining circumstance

**Are you divorced?**  Yes/ No

**Note:** If your household has provided public assistance documentation listing monthly gross income and household size, this documentation is not necessary.

Joint custody - both parents' income is to be counted

Single custody - count income of parent with physical custody

**Does your household receive unearned income such as: child support, spousal maintenance, education assistance (not loans), foster care or adoption payments, government or tribal, SSI, etc.?**

Yes/ No

**Note:** If your household has provided public assistance documentation listing monthly gross income and household size, this documentation is not necessary.

Provide proof of supporting documentation and include other/unearned income received

**Family Income**

*\*If your household receives public assistance, please attach an approval letter dated within the last 6 months; if it lists monthly gross income and household size, you will not need to complete the family income section.*

Parent/Guardian/Contributing member #1		Relationship to child	
Name (First, Last):			
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income received:	Amount:	List frequency: weekly/biweekly/ twice a month/monthly	Annual amount:
Gross Earned Income (before taxes)			
Unearned Income (For example: child support, spousal maintenance, education assistance (not loans), foster care or adoption payments, government or tribal, SSI, etc.)			
Other Income			
<b>Calculated Total Annual Income:</b>			

Parent/Guardian/Contributing member #2		Relationship to child	
Name (First, Last):			
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income received:	Amount:	List frequency: weekly/biweekly/ twice a month/monthly	Annual amount:
Gross Earned Income (before taxes)			
Unearned Income (For example: child support, spousal maintenance, education assistance (not loans), foster care or adoption payments, government or tribal, SSI, etc.)			
Other Income			
<b>Calculated Total Annual Income:</b>			

**Parent Declaration sheet**

Initial each of the following boxes to certify that you have read and understand the guidelines for a Quality First scholarship.

	I have reviewed the eligibility requirements and have attached supporting documentation for income sources and from ALL contributing members in my household.
	I understand the provider may have a monthly co-pay that will be my responsibility.
	I understand all of the guidelines within the site's parent handbook (if applicable) and that the provider may revoke the scholarship at any time during the fiscal year.
	I understand that this scholarship is effective through June 30, 2015.
	I understand scholarship eligibility is determined once per calendar year.
	I understand that if my child(ren) no longer attend the program, I cannot transfer my scholarship to another site. If pursuing a scholarship at another QF program, I must reapply at the desired location and be awarded a scholarship at that site.
	I agree to bring my child 85% of the scheduled time in order to fulfill the purpose of the scholarship which is to give my child early learning opportunities. Excessive absences may result in the loss of the scholarship; exceptions may be made for documented illness.
	I understand that if any questions are left blank or if any attachments are missing, my application will be returned as incomplete. This may cause a delay in approval.

**Declarative Statement:**

I understand that personal information contained on this application will be reported to First Things First, reviewed in audits, shared with other state agencies for program compliance and used publicly in aggregate, both regionally and statewide. I also understand that scholarship funding is temporary in nature and that I may be liable for any dollars received based on false information. Completion of this application does not guarantee a scholarship.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Provider Verification of Eligibility**

*Must be completed and initialed by site administrator on or before enrollment date and annually thereafter.*

All items in application are complete.

**2014 Federal Poverty Income Level's (FPL)**  
 CIRCLE YOUR FINAL DETERMINATION

Family Size	2	3	4	5	6	7	8
200% of FPL	\$31,460	\$39,580	\$47,700	\$55,820	\$63,940	\$72,060	\$80,180

Family Annual Gross Income \$

Eligibility has been determined; Income verification and supporting documents are attached. I have confirmed the accuracy of the parent/guardian income calculations.  
 -or-  
 Eligibility has been determined; public assistance letter is dated within the last six months and includes household size and monthly gross income (if applicable).

Child's age has been verified. Proof of Citizenship is attached. (Ages 0-5, not yet in Kindergarten)

Family has been informed of co-payment (if applicable) not covered by the Scholarship Program.

Name of staff verifying this application \_\_\_\_\_

Date \_\_\_\_\_