**Who Can Apply**

Burlington First Steps

Scholarship Application 2020



To qualify for the scholarship, you must meet the following:  ReApplication

1. Be a Burlington resident
2. Your child qualifies if she/he is born after 03/31/2018 and is at least 8 weeks of age when enrolling in child care. *\*If your child is older than 2 ½ but younger than 3 years by September 1, 2020, contact Paula Bonnie –* [*paula@letsgrowkids.org*](mailto:paula@letsgrowkids.org) *- to ask about eligibility.*
3. Must not be currently enrolled in the state’s Child Care Financial Assistance Program (CCFAP) and willing to apply (we will assist), and must not be currently enrolled in a 4 or 5 Star child care program. **\*\*SEE COVID-19 Note Below**.
4. Scholarships are for FULL-TIME child care (26 or more hours weekly). Families applying MUST be needing full-time care and able to commit to full-time program attendance.
5. APPLICATION TIMELINE:
   1. ROUND 1 - Applications being accepted **June 8 thru June 25** – lottery to be held **June 26, 2020.**
   2. ROUND 2 – Applications being accepted **June 26 thru July 15** – lottery to be held **July 22, 2020.**
   3. **DUE TO COVID-19**, the scholarship program will allow families to apply for tuition assistance, who are already enrolled in a qualifying/partnering child care program, for the 2020/2021 scholarship year. To receive First Steps Scholarship, families ***must*** also qualify for the State’s Child Care Financial Assistance Program (CCFAP).
6. **APPLICATIONS WILL CONTINUE TO BE ACCEPTED THROUGH 2020.** **Qualifying applicants will be placed on a waiting list and offered scholarship & assistance with enrollment, as program spaces become available.**
7. Applicants must meet the family household income guidelines **listed below:**

Household Members 2 person 3 person 4 person 5 person 6 person 7 person

Household Income at 65% AMI $47,645 $53,625 $59,540 $64,350 $69,095 $73,840

**Child Information**

|  |
| --- |
| Name – First & Last  Click or tap here to enter text. |
| Date of Birth (or expected)  Click or tap here to enter text. |
| Street Address  Click or tap here to enter text. |
| City, State, Zip Code  Click or tap here to enter text. |
| Child is a Burlington Resident  YES NO |
| Primary Language  Click or tap here to enter text. |
| Have you applied for Head Start?  YES NO |

**Parent/Guardian Information**

**Parent/Guardian #1**

|  |
| --- |
| Name – First & Last  Click or tap here to enter text. |
| Street Address  Click or tap here to enter text. |
| City, State, Zip Code  Click or tap here to enter text. |
| Phone  Cell: Click or tap here to enter text. Home: Click or tap here to enter text. |
| Email  Click or tap here to enter text. |
| Primary Language  Click or tap here to enter text. |
| Relationship to Child  Click or tap here to enter text. |

**Parent/Guardian #2**

|  |
| --- |
| Name – First & Last  Click or tap here to enter text. |
| Street Address  Click or tap here to enter text. |
| City, State, Zip Code  Click or tap here to enter text. |
| Phone  Cell: Click or tap here to enter text. Home: Click or tap here to enter text. |
| Email  Click or tap here to enter text. |
| Primary Language  Click or tap here to enter text. |
| Relationship to Child  Click or tap here to enter text. |

**Need for Care**

Reasons full-time child care services are needed (check all that apply):

Employment

Self-Employment

Seeking Employment

Training/Education

Special Health Need – Parent

Special Health Need – Child (including physical and mental health)

Family Support (extreme stress such as homelessness, safety, emotional stability, substance abuse)

Reach-Up

**Case Manager Contact Information** (such as Reach-Up and other support staff):

|  |
| --- |
| Name Phone Email |

|  |
| --- |
| Location/Area you prefer for a child care program (although not guaranteed)?  Click or tap here to enter text. |
| Do you have access to transportation (some child care availability may be located outside of the downtown Burlington area)?  YES NO |
| Is your child currently enrolled in a child care program?  YES NO |
| Are you currently on any program waiting lists? If yes, which programs?  YES NO |

**Household Information**

|  |
| --- |
| Is your household  Single-Parent Household Two-Parent Household Other |
| Do you  Own Rent Live with Relatives Live with Someone Else Other |

Other Children in Household

|  |
| --- |
| Other Child #1  Name: Click or tap here to enter text. Date of Birth: Click or tap here to enter text. |
| Other Child #2  Name: Click or tap here to enter text. Date of Birth: Click or tap here to enter text. |
| Other Child #3  Name: Click or tap here to enter text. Date of Birth: Click or tap here to enter text. |
| Other Child #4  Name: Click or tap here to enter text. Date of Birth: Click or tap here to enter text. |

**Household Income**

Documents to verify income **MUST** be included when submitting your application (see page 7 for details).

**Earned Income received by adult member of household:**

**Earned Income #1**

|  |
| --- |
| Name of Individual Earning Income  Click or tap here to enter text. |
| Source of Income (include **employer name** or list as **self-employed**)  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Earned Income #2**

|  |
| --- |
| Name of Individual Earning Income  Click or tap here to enter text. |
| Source of Income (include **employer name** or list as **self-employed**)  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Earned Income #3**

|  |
| --- |
| Name of Individual Earning Income  Click or tap here to enter text. |
| Source of Income (include **employer name** or list as **self-employed**)  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Unearned Income** received by adult members of household (EXAMPLES include – child support, insurance benefits, SSI, unemployment benefits, veteran’s benefits):

**Unearned Income #1**

|  |
| --- |
| Name of Individual Earning Income  Click or tap here to enter text. |
| Source of Income  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Unearned Income #2**

|  |
| --- |
| Name of Individual Earning Income  Click or tap here to enter text. |
| Source of Income  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Unearned Income #3**

|  |
| --- |
| Name of Individual Earning Income  Click or tap here to enter text. |
| Source of Income  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Child Support** paid out for children NOT LIVING in the home:

**Child Support #1**

|  |
| --- |
| Name of Individual Being Paid  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Child Support #2**

|  |
| --- |
| Name of Individual Being Paid  Click or tap here to enter text. |
| Gross Monthly Amount (before deductions)  Click or tap here to enter text. |

**Documentation**

**NOTE**: Proof of Burlington Residency and Income Eligibility **are required** when submitting this application. Copies of verification documents can include:

**Proof of Income – Include ONE from the following list:**

* Copies of two current, consecutive pay receipts
* A copy of a 2019 income tax return
* A statement/letter from a new employer
* A copy of a court order for child support
* Reach-Up funding certificate

**Proof of Burlington Residency – Include ONE from the following list:**

* Copies of two, current utility bills (electric, gas, land-line phone) – this must show your current, home address
* Copy of a mortgage statement
* Copy of a rental agreement
* Letter from landlord

**NOTE:** If pay receipts or tax return show your current physical, Burlington address, this document may be used to verify BOTH income & residency.



**Authorizations**

**By signing this application,** I give permission for the ELI enrollment coordinators to exchange information needed, to determine my/our eligibility for a First Steps Scholarship, with the organizations below:

* City of Burlington
* Chittenden Economic Development Office (CEDO)
* Let’s Grow Kids
* Child Care Resource
* Head Start
* Reach-Up
* Listed Case Managers
* Partnering Child Care Programs (will share names and dates of birth for enrollments)

Other (list any additional agencies):

|  |
| --- |
| Agency Name Contact Name, Phone, Email  Click or tap here to enter text. Click or tap here to enter text. |
| Agency Name Contact Name, Phone, Email  Click or tap here to enter text. Click or tap here to enter text. |

**By signing this application**, I give permission for Child Care Resource to share funding details for the Child Care Financial Assistance Program (CCFAP) and/or any subsidy funding being received, with ELI enrollment coordinators. This information will determine the amount of the First Steps Scholarship to be awarded.

NOTE: In some cases, funding and scholarship being received, may not cover the full cost of child care tuition.

**By signing this application**, I agree to allow the child care program where I enroll my child, to share the completed Ages & Stages Questionnaire (ASQ) with the First Steps Scholarship Program, for data purposes (a developmental screening completed each year).

I understand I will also be asked to complete a voluntary family survey with First Steps or child care program staff.

**OPTIONAL: By signing this application**, I give permission for the City of Burlington or Let’s Grow Kids to share identification information and other data collected on this form with the University of Vermont Medical Center, the Burlington School District, and other health care providers.

NO, I decline  YES, I authorize with Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This application MUST be signed and dated** to be accepted & required verification documents MUST be included.

|  |
| --- |
| Parent/Guardian Signature Date |
| Child’s Name Date of Birth |