



Burlington First Steps Scholarship Application 2021/2022

Who Can Apply

ReApplication

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

1. **Be a Burlington resident**
2. Your child qualifies if she/he is at least 8 weeks of age when enrolling in child care and younger than 3 years by September 1, **and not yet eligible for Universal PreK funding**. Contact Paula Bonnie – paula@letsgrowkids.org - to ask about eligibility and application questions.
3. Priority will be given to applicants not currently enrolled in the state’s Child Care Financial Assistance Program (CCFAP) and willing to apply (we will assist), and who are not currently enrolled in a 4 or 5 Star child care program.
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. Applications will be accepted anytime throughout the year and **must include all necessary documentation** to be considered and reviewed. Qualifying families will be offered scholarship, as funding allows. ***Scholarships are designed to be applied toward tuition but may not cover full tuition costs.**
6. Enrollment with our partner child care programs will be offered, as space is available. If unable to enroll at the time of scholarship application, qualifying families will be placed on a waiting list.
7. Applicants must meet the family household income guidelines for **Area Median Income below**:

Household Members	2 person	3 person	4 person	5 person	6 person	7 person
Income at 65% AMI	\$49,920	\$56,160	\$62,335	\$67,340	\$72,345	\$77,350

**For Qualifying Applicants within 65% AMI income limits, scholarship received will vary based on income eligibility.*

Household Members	2 person	3 person	4 person	5 person	6 person	7 person
Income at 80% AMI	\$61,400	\$69,050	\$76,700	\$82,850	\$89,000	\$95,150

**For Qualifying Applicants 66% to 80% AMI income limits, scholarship received would be \$135 weekly.*

***Please Note** – Those enrolled in a higher degree program beyond bachelor’s level do not qualify for scholarship **UNLESS** employed and needing care due to work (and meet all guidelines).

Child Information

Name – First & Last
Date of Birth (or expected)
Street Address
City, State, Zip Code

Child is a Burlington Resident <input type="checkbox"/> YES <input type="checkbox"/> NO
Primary Language
Have you applied for Head Start? <input type="checkbox"/> YES <input type="checkbox"/> NO

Parent/Guardian Information

Parent/Guardian #1

Name – First & Last
Street Address
City, State, Zip Code
Phone Cell: Home:
Email
Primary Language
Relationship to Child

Parent/Guardian #2

Name – First & Last
Street Address
City, State, Zip Code
Phone Cell: Home:
Email
Primary Language
Relationship to Child

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)?
Do you have access to transportation (some child care availability may be located outside of the downtown Burlington area)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child currently enrolled in a child care program? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name of program:
Are you currently on any program waiting lists? If YES, which programs? <input type="checkbox"/> YES <input type="checkbox"/> NO

Household Information

Is your household <input type="checkbox"/> Single-Parent Household <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Other
Do you <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Live with Someone Else <input type="checkbox"/> Other

Other Children in Household

Other Child #1	Name:	Date of Birth:
Other Child #2	Name:	Date of Birth:
Other Child #3	Name:	Date of Birth:
Other Child #4	Name:	Date of Birth:

Household Income

Documents to verify income **MUST** be included when submitting your application (see page 5 for details).

Earned Income received by adult member of household:

Earned Income #1

Name of Individual Earning Income
Source of Income (include <u>employer name</u> or list as <u>self-employed</u>)
Employment Start Date (month & year)
Gross Monthly Amount (before deductions)

Earned Income #2

Name of Individual Earning Income
Source of Income (include <u>employer name</u> or list as <u>self-employed</u>)
Employment Start Date (month & year)
Gross Monthly Amount (before deductions)

Earned Income #3

Name of Individual Earning Income
Source of Income (include <u>employer name</u> or list as <u>self-employed</u>)
Employment Start Date (month & year)
Gross Monthly Amount (before deductions)

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

Unearned Income #1

Name of Individual Earning Income
Source of Income
Gross Monthly Amount (before deductions)

Unearned Income #2

Name of Individual Earning Income
Source of Income
Gross Monthly Amount (before deductions)

Unearned Income #3

Name of Individual Earning Income
Source of Income
Gross Monthly Amount (before deductions)

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

Child Support #1

Name of Individual Being Paid
Gross Monthly Amount (before deductions)

Child Support #2

Name of Individual Being Paid
Gross Monthly Amount (before deductions)

Documentation

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

Income Documentation (include ONE)	Burlington Residency Documentation (include ONE)
<ul style="list-style-type: none">Copies of two current, consecutive pay receipts	<ul style="list-style-type: none">Copies of two current utility bills (electric, gas, land-line phone) – showing current address
<ul style="list-style-type: none">A statement/letter from a new employer	<ul style="list-style-type: none">Copy of mortgage statement
<ul style="list-style-type: none">A copy of court order for child support	<ul style="list-style-type: none">Copy of rental agreement
<ul style="list-style-type: none">Reach-Up notification letter	<ul style="list-style-type: none">Letter from landlord

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

****Completed applications & documentation** can be emailed to paula@letsgrowkids.org or mailed to: Paula Bonnie - Let's Grow Kids, 19 Marble Ave, #4, Burlington, VT 05401.



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
Agency Name	Contact Name, Phone, Email

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, to evaluate and potentially expand services.

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