**Who Can Apply** [ ] ReApplication

Burlington First Steps

Scholarship Application 2020/2021



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 (AMI)* **listed below:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Household Members | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person |
| Income at **65% AMI** | $47,645 | $53,625 | $59,540 | $64,350 | $69,095 | $69,095 |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Household Members | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person |
| Income at **80% AMI** | $58,700 | $66,050 | $73,350 | $79,250 | $85,100 | $91,000 |

*\*For Qualifying Applicants 66% to 80% AMI income limits, scholarship received would be $125 weekly.*

**Child Information**

|  |
| --- |
| Name – First & Last  |
| Date of Birth (or expected)  |
| Street Address  |
| City, State, Zip Code  |
| Child is a Burlington Resident [ ]  YES [ ] NO  |
| Primary Language  |
| Have you applied for Head Start? [ ] YES [ ] 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)? [ ] YES [ ] NO |
| Is your child currently enrolled in a child care program?  [ ]  YES [ ] NO If YES, name of program: |
| 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: 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 **employer name** or list as **self-employed**) |
| Employment Start Date (month & year) |
| Gross Monthly Amount (before deductions)   |

**Earned Income #2**

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

**Earned Income #3**

|  |
| --- |
| Name of Individual Earning Income  |
| Source of Income (include **employer name** or list as **self-employed**) |
| 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)** |
| * Copies of **two current**, **consecutive** pay receipts
 | * Copies of **two current utility bills** (electric, gas, land-line phone) – showing current address
 |
| * A statement/letter from a new employer
 | * Copy of mortgage statement
 |
| * A copy of court order for child support
 | * Copy of rental agreement
 |
| * Reach-Up notification letter
 | * Letter from landlord
 |

**NOTE:** If pay receipts 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  |
| 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 |