

Tuition Scholarship Opportunity

Purpose

The Tuition Scholarship program at the **Flatwater Bank Early Learning Center** is intended to support working families in meeting the cost of quality care for children in full day/full year settings or attending the program during out-of-school hours.

Criteria for Children/Families:

- Provide documentation that family does not qualify for full state subsidized care (Title XX)
- Provide documentation of required co-pay for families receiving transitional state subsidy
- Enrolled and attending full day, full-year care or attending the program during out-of-school hours.
- Fall into outlined income guidelines for under 300% Federal Poverty Guidelines (provide proof of income for all working adults in the household)
- Families must reapply annually to assess continued eligibility

Funding

Funds are intended to assist families to keep their child care costs at or around 10% of the household's total income. A sliding scale will be used to guide awards for each family. Parents must stay current on their portion of child care tuition in order to continue receiving assistance.

Eligibility Guidelines

- Parents must be either working or attending school. Consideration may be given in situations where the caregiver is incapacitated and unable to work or attend school, yet unable to care for the wellbeing of the child. If there are two adults in the household, both must be participating in one of the activities listed above.
- Families must show a financial need and fall within the set income guidelines.
- To be considered for tuition assistance families must:
 - Complete all sections of the tuition assistance application form
 - Provide copies of the three most recent paystubs for each working adult in the household
 - When a family has no income to document, that family must submit a signed statement declaring that they have no income.
 - Submit a copy of a child care subsidy determination letter.
- It is expected that families with no documentable forms of income will be referred to the 96 Ranches, Inc. Healthy Families Center to apply for public assistance programs such as ADC, LIHEAP, WIC, and SNAP in order to access other services the family may need.
- Tuition assistance is determined based on the family's monthly gross income (income before taxes, insurance, and any other deductions are subtracted), which includes both earned income (e.g. wages, which must be verified by paystubs) and unearned income (e.g. child support, Social Security payments, Unemployment Insurance).
- Tuition assistance cannot be used for drop-in or back-up child care. Drop-in or back-up care is defined as care that is used intermittently when the primary program the child attends is not available.
- Tuition assistance is to be awarded based on an enrollment status, not specific to attendance only. If a child is not in attendance for five consecutive days and the family is unreachable after a minimum of three attempts, assistance to the family may be cancelled. Additionally, if the child receiving a scholarship is absent for more than 25 days in a year's time without ample notice to the Center, this also may prompt assistance to the family to be cancelled. If there is a legitimate extenuating circumstance, the Impact Center board will make individual decisions about when it is appropriate to extend this attendance policy.



Tuition Scholarship Family Application

Date: _____

Parent(s)/Guardian(s) Name(s): _____

Address _____ City _____ State _____ Zip Code: _____

Phone: _____ Email: _____

of adults in your household _____ # of children under 18 in your household _____

Child(ren)'s Name (only those attending child care)	Birthdate	Age	Classroom (Infant, Toddler, PS)	FT	PT	Rate

****Copy of child care subsidy determination letter must be included with application***

Reason for not qualifying for State Subsidy: Over income Graduate school Other (please explain below)
(circle one)

Monthly gross income (before taxes) from employment: Adult #1 \$ _____ Adult #2 \$ _____

How often are you paid? Adult #1 _____ Adult #2 _____

(Please attach copies of last three paycheck stubs of each adult living in the household. These must be provided to process this application)

Please indicate additional source(s) of income by filling in the amount received per month:

State Assistance \$ _____ ADC \$ _____ Unemployment \$ _____ Other: _____

Child Support \$ _____ Alimony \$ _____ SNAP Benefits \$ _____

Housing Assistance \$ _____ LIHEAP \$ _____ Other (private) \$ _____

Have you received Aid to Dependent Children (ADC) assistance within the last six months? Yes No

Additional information you would like to share to help us determine your tuition assistance:

The information I have provided above is accurate to the best of my knowledge. Any discrepancies will affect the tuition assistance I may or may not receive. I also understand that it is my obligation to inform the program of any and all income changes.

Signature: _____

Date: _____

