



**Great Start Collaborative-Wayne
Child Care Scholarship Fund
APPLICATION/REFERRAL**



Child's Name:	Ethnicity:
Child's Birth Date:	Parent Place Work or School:
Address:	Number living in household:
Zip Code:	Home Phone Number: Cell Phone Number:
Parents' Names:	Email Address:

In order to receive a scholarship you will be asked to document information verifying what you have indicated on this application:

Place an X next to all items that apply to the child applying for the scholarship.

1. Low birth weight or premature	15. Lack of stable support system or residence
2. Developmentally immature or delayed	16. Single parent
3. Physical and/or sexual abuse or neglect	17. Unemployed parents
4. Nutritionally deficient	18. Over 2 hospitalizations in last yr (<i>parent/child</i>)
5. Long term or chronic illness (physical, mental, emotional) – Specify: <i>child/parent/sibling</i>	19. Non-English or limited English speaking household (specify language)
6. Diagnosed or suspected disability	20. Teenage parent (with first child)
7. Low parental/sibling educational attainment or illiteracy	21. Family member convicted of a crime/sentenced to incarceration in last yr.
8. Destructive or violent temperament	22. Housing in rural or segregated area
9. Substance abuse or addiction	23. Eligible for Head Start
10. Language deficiency or immaturity	24. Receiving services from a social service agency
11. Family density (large or extended family)	25. Child expelled from child care
12. History of family violence	26. No housing/homeless conditions exist
13. Family history of juvenile delinquency	27. Foster/adoptive child, guardian raising child
14. Family history of low school achievement or dropout	28. Parent/sibling loss by death/divorce/active military duty
15. Family member without medical or dental insurance	30. Life changing circumstances in last year. (i.e. divorce, death of a family member, loss of employment, foreclosure, etc.)
16. Have Denial letter or on waiting list for Head Start	31. More than one child under the age of 5 who needs child care.

_____ **TOTAL NUMBER OF RISK FACTORS**

Identify Preference for Child Care Provider: _____

(Note: Child Care Providers must be qualified by GSC-W. A list of pre-qualified providers is available. Any licensed or registered provider in Wayne County may apply to be qualified.)

Certification by Applicant:

The parent/guardian certifies that all information in this application is true and complete to the best of the parent/guardian's knowledge and belief, including income information on page 2. Parent/guardian certifies that all verbal information and supporting documents furnished for the purpose of obtaining child care financial assistance through Great Start Collaborative Wayne are true and complete to the best of the parent/guardian's knowledge and belief. Verification of the information contained in this application may be obtained from any source. Any false statement or omissions of information from this application will result in denial or revocation of the scholarship awarded. It is the parent/guardian responsibility to submit this signed application & supply supporting documentation outlined in the instructions within 10 days after being selected for the scholarship.

Parent/Guardian Signature _____

Date _____

Please Print Name: _____

Fax application to: 734-398-7698 or mail: Great Start Collaborative-Wayne, Attn. G. Murray, One Heritage Place, Suite 230, Southgate, MI 48195



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Income Verification

Print Childs Name: _____

Note: If selected for a scholarship, it is contingent on receiving the following documentation within the time specified in the scholarship letter of notification. Do not send in documentation with application.

If on Public Assistance check all types of assistance family is receiving:

- DHS/ TANF Income
 DHS Child Care Reimbursement
 Homeless
 Medicaid
Food Stamps
 Supplemental Security Income
 Foster Child
 Work First

We do not qualify for public assistance and have a denial letter from DHS.

**If a two parent household, then all information must be completed for both parents.
Income from last 2 months must be verified to receive scholarship**

Head of Household/Legal Guardian:

Working: Part-time Full-time Unemployed during last 12 mos.
Employer: _____ Hrs./wk. _____
Verification: Pay stubs for last 2 months Form 1040 DHS
 W-2's from last year Letter from employer No income
 Receiving child support or other income? Yes No

School/Training Program: _____
Verification: Letter from school Schedule Copy of transcript

Monthly Income

Employment \$ _____
DHS/TANF \$ _____
SSI \$ _____
Foster Care Stipend \$ _____
Other \$ _____
Unemployment \$ _____

Other Parent or Legal Guardian:

Working: Part-time Full-time Unemployed during last 12 mos.
Employer: _____ Hrs./wk. _____
Verification: Pay stubs for last 2 months Form 1040 DHS
 W-2's from last year Letter from employer No income
 Receiving child support or other income? Yes No

School/Training Program: _____
Verification: Letter from school Schedule Copy of transcript

Monthly Income

Employment \$ _____
DHS/TANF \$ _____
SSI \$ _____
Foster Care Stipend \$ _____
Other \$ _____
Unemployment \$ _____

Total Monthly Income of Household \$ _____

Note: If income is \$0, a statement of No Income must be sent in with documentation after selection.

Child Care Provider

Are you currently using a child care provider? Yes__ No__

If yes, identify provider and their address _____

Office Only

Family income:

- Qualifies for HS – under 100%
 Over HS Income – 101 - 137%
 Over HS Income – 137% - 200%

Must be received by December 31, 2011

V2 Updated 10.26.11