

Brewster Childcare Scholarship Program Application

Please download, print and send in with appropriate documentation

DATE:

1. Household information:

Legal Parents/Guardians: _____

Check if : _____ Single-parent household. _____ Two-parent household

Legal

Residence: _____

Street

Town

State/Zip code

Mailing Address: (If different from above) _____

Day Phone _____ Evening phone _____ Cell phone _____

Please list names and ages of all minors in your household. Include only those children who live with you for more than 6 months during the year.

Child's Name

Age

Birth Date

2. Income documentation:

In order for a family to be eligible for this fund, one or more parents in the household must be working, or documentation of extenuating circumstances must be provided. List below any adult(s) contributing to the household income and attach copies of 4 paystubs for working parents, or previous year's tax return if self-employed.

Adult's Name _____ Employer _____

Position _____ Weekly income: _____

Hours of work per week _____ Work tel. _____

Adult's Name _____ Employer _____

Position _____ Weekly income _____

Hours of work per week _____ Work tel. _____

If you recently lost employment or are on seasonal unemployment, will you be returning to your previous place of employment? Yes _____ No _____

Please verify this with a notarized letter from your employer or a copy of your unemployment benefits.

How much aid is your family requesting in this application? _____ (weekly) _____ (monthly)

Are you receiving any other assistance paying for childcare?

Type of Support

Monthly \$ amount

3. Childcare information:

Please list here information about any childcare currently provided to any children in your household:

Child #1: Name _____ Age _____

Provider's Name: _____ Address: _____

Days and hours of care: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____.

Cost of care monthly/weekly (circle one) _____ Dates of service: Start _____ End _____

Does your child have an IEP? Please submit documentation

Child #2: Name _____ Age: _____

Provider's Name _____ Address _____

Days and hours of care: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____.

Cost of care monthly/weekly (circle one) _____ Dates of service: Start _____ End _____

Does your child have an IEP? Please submit documentation

Child #3: Name _____ Age _____

Provider's Name: _____ Address _____

Days and hours of care: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____.

Cost of care monthly/weekly (circle one) _____ Dates of service: Start _____ End _____

Does your child have an IEP? Please submit documentation

III. Additional Family Information

It is crucial to the application process to understand your family's situation. The purpose of this program is to help Brewster families pay childcare fees for their children aged birth-5 years. Please describe here any details about your family's present situation that provide a clearer indication of your family's needs. You are encouraged to write as much as you care to include. Use an additional page if necessary. Your application will be kept in strict confidence and will be evaluated only by Grant Administration designee(s).

The information included in this application is truthful & accurate to the best of my knowledge. Any falsification of information or discrepancies may lead to the termination of assistance eligibility.

Signed _____ Date _____

This program is funded by the Town of Brewster and administered by Cape Cod Children's Place. Eligibility is restricted to year-round residents of Brewster with children aged birth-5 years. Please address all questions regarding this application to Cape Cod Children's Place 508-240-3310.