

# Lower Cape Early Childhood Council Scholarship Application

**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**

**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 Wellfleet families pay childcare fees for their children aged birth-5 years. Please describe here any details about your family's present situation that provides 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 generous donations and administered by Cape Cod Children's Place. Eligibility is restricted to families with children aged birth-5 years, living in Harwich, Brewster, Chatham, Orleans, Eastham, Wellfleet, Truro, and Provincetown. Please address all questions regarding this application to Cape Cod Children's Place 508-240-3310.***

***Mail to: P.O. Box 1935, N. Eastham, MA 02651  
info@capecodchildrensplace.com***