



## APPLICATION FOR CHILD CARE SCHOLARSHIP(S)

**CCC Use Only:**

ELIGIBILITY: Funding Agency: \_\_\_\_\_ Funding Contract: \_\_\_\_\_ Eligibility Code: \_\_\_\_\_

ELIGIBILITY AUTHORIZED FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ THE NEXT REDETERMINATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant: Please complete Sections I, II & III in full using BLACK or BLUE INK then read, sign and date. **DO NOT** use Whiteout.

### SECTION I. PARENT/GUARDIAN IDENTIFYING INFORMATION

Applicant: Last Name			First Name			MI			In-Home Spouse/Other Parent: Last Name			First Name			MI		
Date of Birth:			Race/Sex:			SSN/ID Number:(Optional)			Date of Birth:			Race/Sex:			SSN/ID Number:(Optional)		
Home Phone No:				Work Phone No:				Email Address:				Marital Status:					
Street Address:						City:			State:			Zip code:			County:		
Family Size:			Household Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other														
Applicant: Education Level (Last grade completed): _____ Applicant Primary Language: _____									In-Home Spouse/Other Parent: Education Level (Last grade completed): _____ Primary Language: _____								

### SECTION II. CHILD(REN) REQUIRING CARE (Age 0-12) – PLEASE LIST YOUNGEST CHILD FIRST

Name of Child(ren) Needing Care: Last Name First Name MI	Relationship to Applicant	Race	Sex	SSN/ID Number (Optional)	Date of Birth	CCC Use Only:	
						Daily Fee Assessed FT / PT	
1.							/
2.							/
3.							/
4.							/
5.							/

### SECTION III. LIST ALL OTHER HOUSEHOLD RESIDENTS

Names of Other Household Residents	Race	Sex	SSN/ID Number (Optional)	Date of Birth	Relationship to Applicant	Resident Contributes Financially to Household?	Relationship to Each Child in Section II Above
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

You have the right to apply for assistance and to have a determination of your eligibility without regard to race, color, sex, age, disability, religion, national origin, marital status or political belief. If you have a disability that substantially limits you in a major life activity, please inform us so that reasonable accommodations can be made that do not cause you undue burden or hardship. You have a right to have all information provided by you to be maintained in a confidential manner. CCC will ask you for your social security number which you may or may not provide to us. If you do provide the social security number(s) for you and your family, CCC will only use it as a record keeping tool that is unique to you and known to you. Neither CCC nor our Funder(s) will release any confidential information provided by you without your written authorization for release of information other than as indicated and identified in the Child Care Scholarship Participant Agreement. You have a right to be informed of all changes in your childcare eligibility status prior to those changes occurring.

\_\_\_\_\_  
SIGNATURE of Parent/Guardian Completing Form

\_\_\_\_\_  
Date