

Sports Club Scholarship Application

Parent's Name: _____ Today's Date: _____

For survey purposes, please check the box which applies to you. Thank you!

Job interview Domestic Violence Subsidy Ineligible / Waiting List Emergency Situation

How to receive a Child Care Scholarship

- Complete this Scholarship Application in its entirety. If there is no waiting list, the date the completed application is processed will be the date assistance will begin.
- Submit **ALL** supporting documentation with your completed application. **Incomplete applications will not be processed.**
- Scholarships are not retroactive.
- Scholarships are the result of the generosity of Sports Club supporters and are awarded without regard to race, religion, sex, national origin or status.
- Please allow 4-6 weeks for processing.

Eligibility Requirements:

The Sports Club Scholarship Program is available to families who meet the following eligibility requirements:

- Low-income and in need of child care.
- Parent(s) must work to be eligible. (Teen parents attending high school, GED, or equivalency program are not required to work.)
- Two parent families must work at least **280** hours per month between the two parents. Both parents must be employed unless disabled. Please provide documentation.
- A single parent must work **120** hours per month or **40** hours per month while attending school full time.
- Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division. Documentation must be submitted with your application.
- **You must submit ineligibility or waiting list documentation from 4-C with your scholarship application for children 8 years of age and under. (213-1137)**

Please check all that apply as to why you need childcare:

- Work hours in which the parents are not available to care for their children.
 School hours
 Emergency (Domestic Violence, Family in Crisis, Job Interview)

Tell us about yourself:

Name:		
Marital Status:	Phone #	Work#
Address:		
E-Mail Address		

Household Members: To determine your child care scholarship, we need to have information about the monthly income received by all members of your household. Please list ALL members of your household even if they do not have an income. If no income is received by a household member please list zero as their income. Income includes but is not limited to earned income, child support, SSI, Unemployment, Worker’s Compensation, and/or money or benefits received from any other source. Verification of income received/earned is required. Documentation includes copies of checks, money orders, letters of benefit awards, and tax forms. The last 4 weeks must be included.

Full Name	Social Security #	Date of Birth	M or F	School Attended	Grade	Monthly Income

Parent Responsibilities: Please initial each line as you read.

1. _____ I will report the following changes to Sports Club **within 10 calendar days**:
 - A. _____ Change of employment for any household member.
 - B. _____ Loss of employment to less than 280 hours per month for a two-parent family 120 hours per month for a single parent family (40 while attending school full-time)
 - C. _____ Changes in residence or mailing address
 - D. _____ The loss or addition of a household member
 - E. _____ Changes in school attendance
2. _____ Failure to report changes within 10 days may result in one or more of the following:
 - A. _____ Loss of child care scholarship
 - B. _____ Repayment of child care scholarship during period of ineligibility
3. _____ I am responsible for paying my own child care until my family is determined to be eligible for assistance and selected from the waiting list.
4. _____ I understand that my Sports Club Scholarship will be terminated if my family becomes ineligible or if program funds become unavailable.
5. _____ **I understand that I must submit payment for all parent fees associated with my scholarship in a timely manner. I understand that past due balances on my account may result in my scholarship being terminated. ALL Accounts must have a zero balance at close of business on Friday of each week to be considered current.**

By signing below, the applicant attests that the foregoing is true and accurate. The applicant acknowledges that he/she subjects his/herself to all criminal and civil liability that may arise from submitting a false application. The applicant acknowledges that should any of the foregoing information be false, the applicant is liable for repayment to Sports Club for any costs and funds given to the applicant.

Printed Name of Applicant _____

Signature of Applicant _____

Date: _____