



## Early Learning Scholarship Family Application

Date: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# of adults in your household \_\_\_\_\_ # of children in your household \_\_\_\_\_

Will your child/children be cared for during nontraditional hours (evening/overnight/weekend)? \_\_\_\_\_

Child(ren)'s Name (only those attending child care)	Birthdate	Gender	Weekly Rate	Full Time / Part Time (Check)	Race (Check)	Ethnicity (Check)	Primary Language Spoken at Home	Does the child have special needs?*
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N

\*If you indicated one child (or more) has special needs, please describe: \_\_\_\_\_

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**If you have a subsidy letter, please include a copy with your paperwork**

**Reason for not qualifying for State Subsidy:** ☐ Over income ☐ Graduate school ☐ Other (please explain below)  
☐ Have not applied

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**Monthly gross income (before taxes) from employment:** Adult #1 \$ \_\_\_\_\_ Adult #2 \$ \_\_\_\_\_

**How often are you paid?** Adult #1 \_\_\_\_\_ Adult #2 \_\_\_\_\_

**Please attach last three paycheck stubs of each adult living in the household. These must be provided to process this application.**

***Please indicate additional source(s) of income by filling in the amount received per month:***

State Assistance \$ \_\_\_\_\_ ☐ ADC ☐ Unemployment ☐ Other (please specify) \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Housing Assistance \$ \_\_\_\_\_

Other (Private) \$ \_\_\_\_\_

Have you received Aid to Dependent Children (ADC) assistance within the last six months? ☐ Yes ☐ No

Additional information you would like to share to help us determine your tuition assistance: \_\_\_\_\_

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The information I have provided above is accurate to the best of my knowledge. Any discrepancies will affect the tuition assistance I may or may not receive. I also understand that it is my obligation to inform the program of any and all income changes. I understand that by submitting this application that I agree to allow information contained within this document to be shared for purposes of data collection, evaluation, and measuring outcomes. I understand that the information contained will be confidential, secured, protected, and not sold to any third party for any purpose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_